

Name
in
Full

Alexander Armstrong

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND		
Died at	Braggstown	Wash.		Months	Days	
Date of death	1905	Month 10	Day 27	Age 57	Years	
Sex	male	Color or Race	white	Birth-place		
Occupation	Lawyer			Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife			Father's Name	Frances Key Scott Armstrong
Father's Name	Alexander Armstrong			Father's Birthplace	Md	
Mother's Maiden Name	Susan Hammond			Mother's Birthplace	"	
Name of person giving Information	Alex Armstrong Jr.			How related to deceased	son	

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Paralysis

66

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

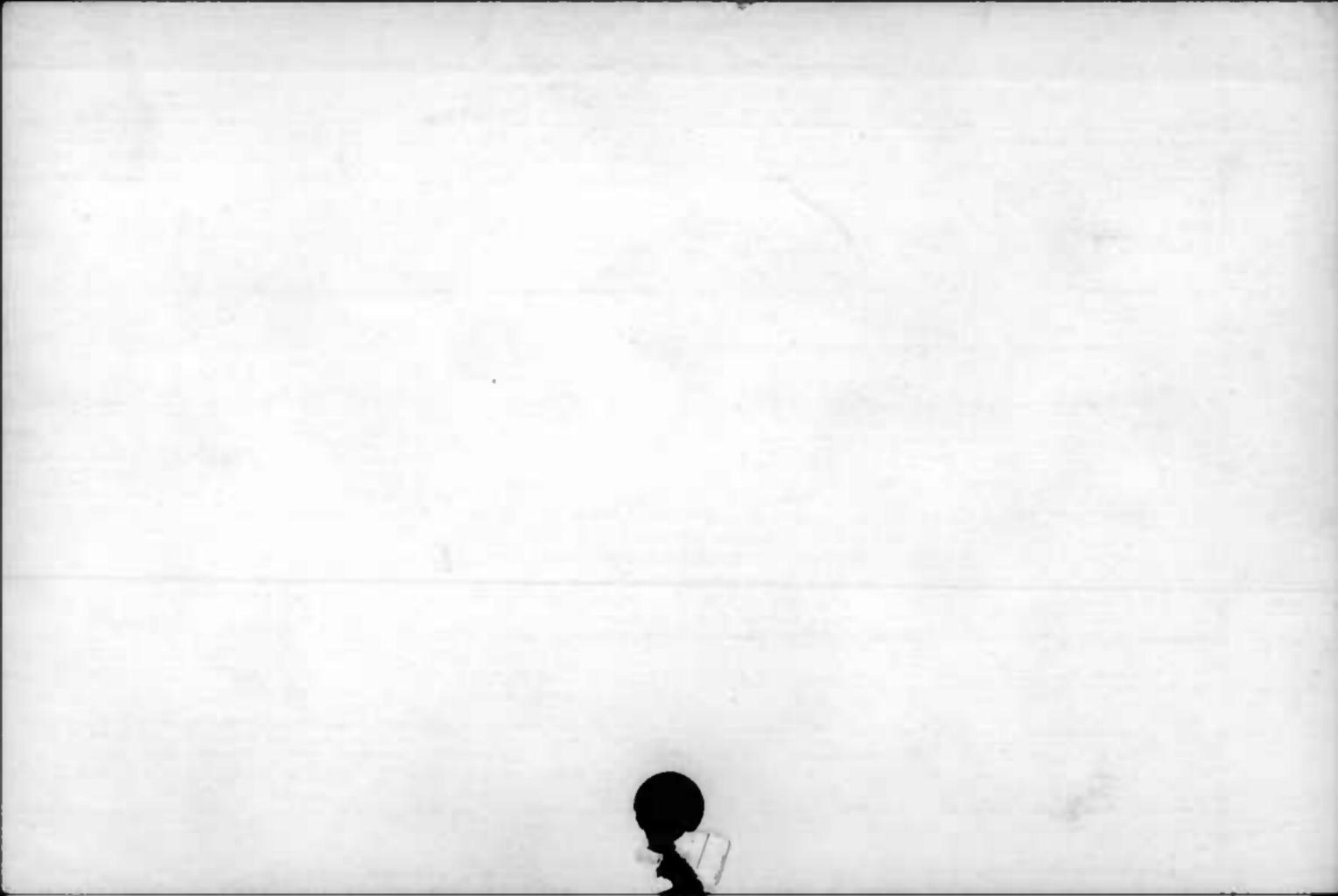
Yes

Signature of
Physician

Address

J M Reed
Braggstown

Accident or Suicide



Name
in
Full

Iva Nellie Arnsperger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hagerstown Town Washington County MARYLAND
Date of death 1905 Month 10 Day 23 Years 25 Months 11 Days 29
Sex Female Color or Race White Birth-place Md
Occupation Maurice Arnsperger

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Alexandra Miller

Father's
Birthplace

Md

Mother's
Maiden Name

Annie M. Proctor

Mother's
Birthplace

Md

Name of person giving
information

Alex Miller

How related
to deceased

Father

CAUSES OF DEATH

Primary

Plethora Pulmonalis

How long

6 mos.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

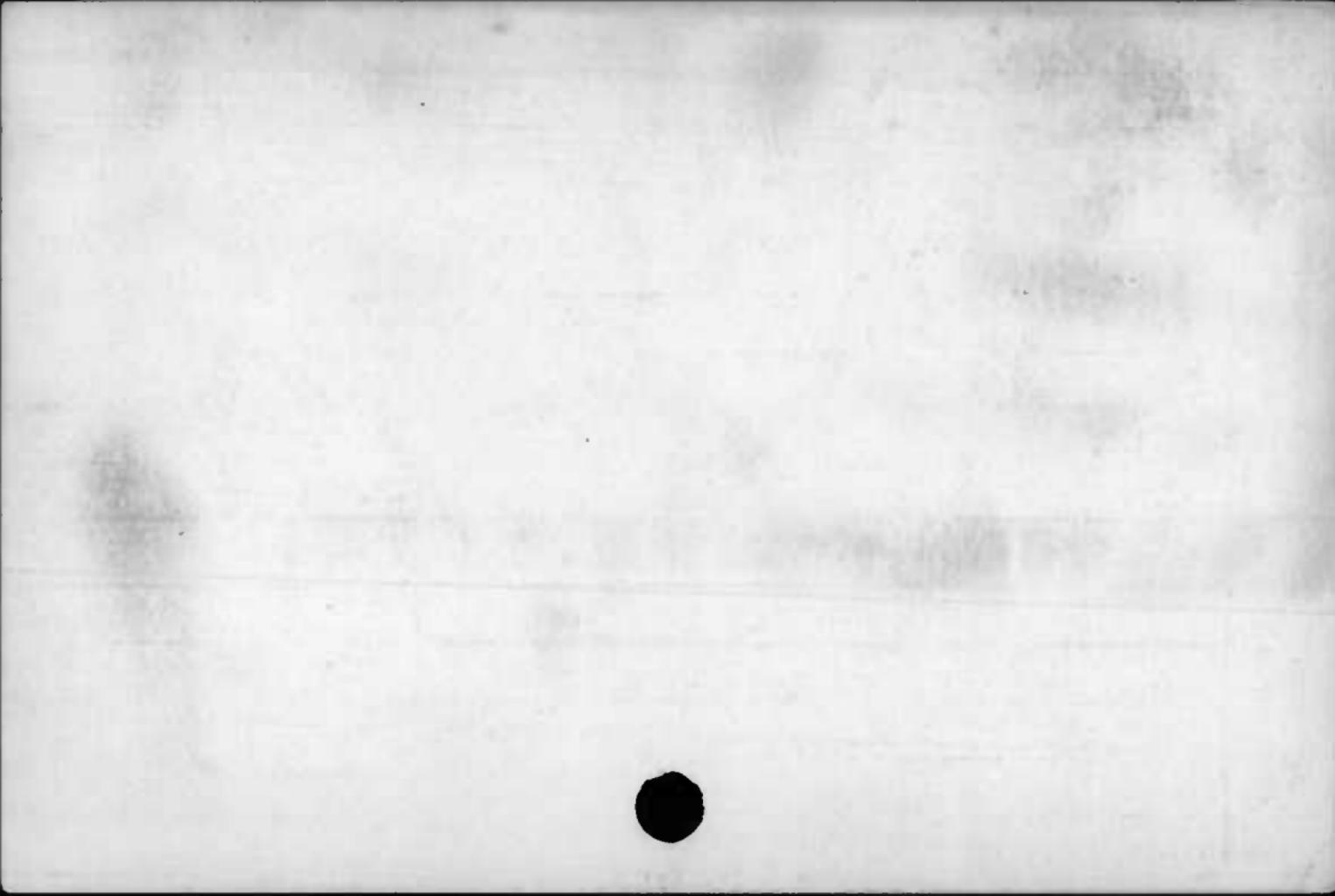
M. Morrison
Hagerstown Md.

Address

Accident or Suicide?

No

PHYSICIAN
OR CORONER



Name
in
Full

Unnammed Infant artz (M.M.)

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dowusville</u>		Town	<u>Mash</u>	County	MARYLAND	
Date of death <u>1905</u>	Month <u>Oct</u>	Day <u>18</u>	Age <u>—</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Dowusville</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Oscar M. Artz</u>	Father's Birthplace <u>Mash. Co. Md.</u>					
Mother's Maiden Name <u>Mannie M. Ridlenauer</u>	Mother's Birthplace <u>" " "</u>					
Name of person giving information <u>Oscar M. Artz</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Debility (15)

✓ How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

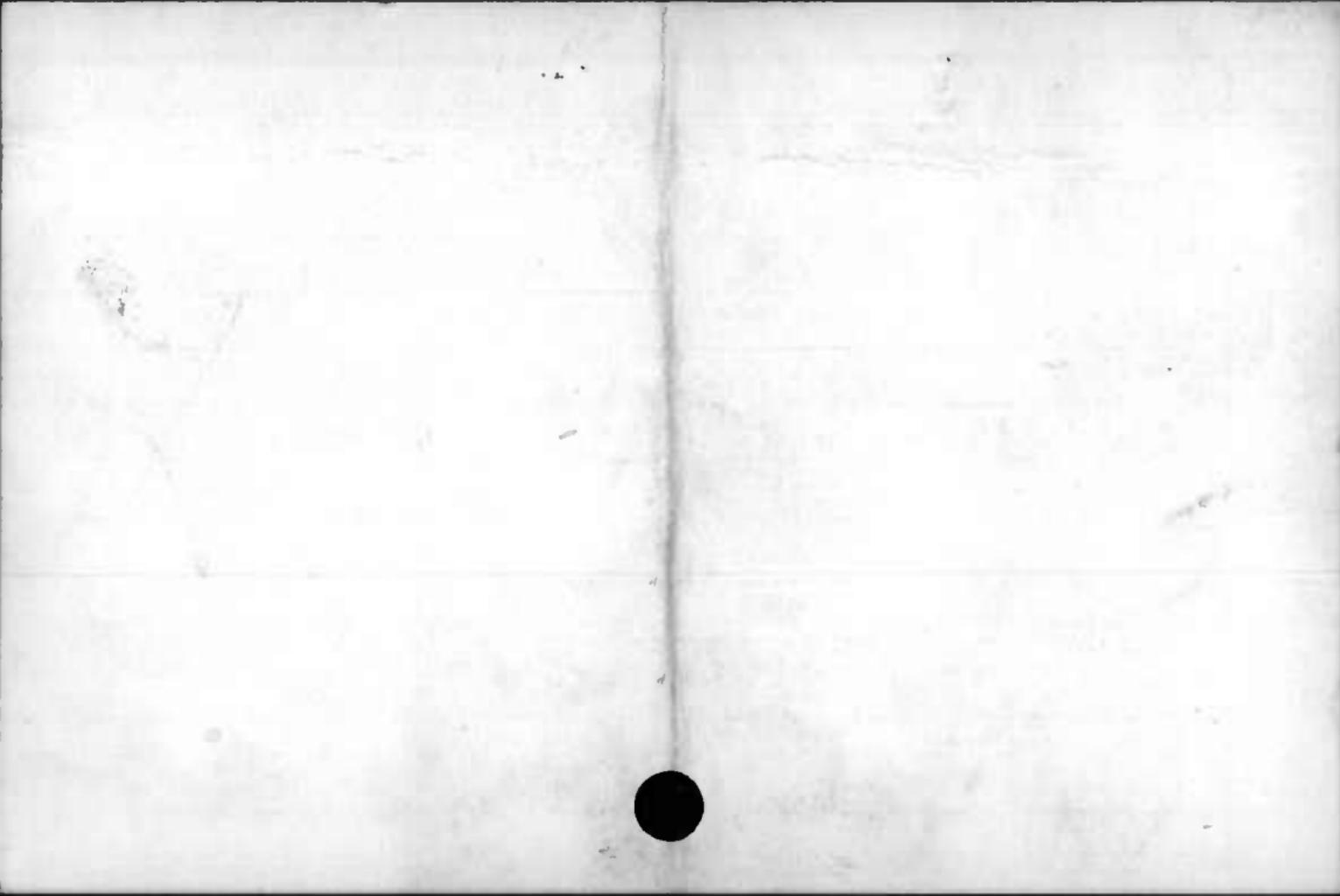
yes

Signature of Physician

Address

V. M. Reichard
Fairplay.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

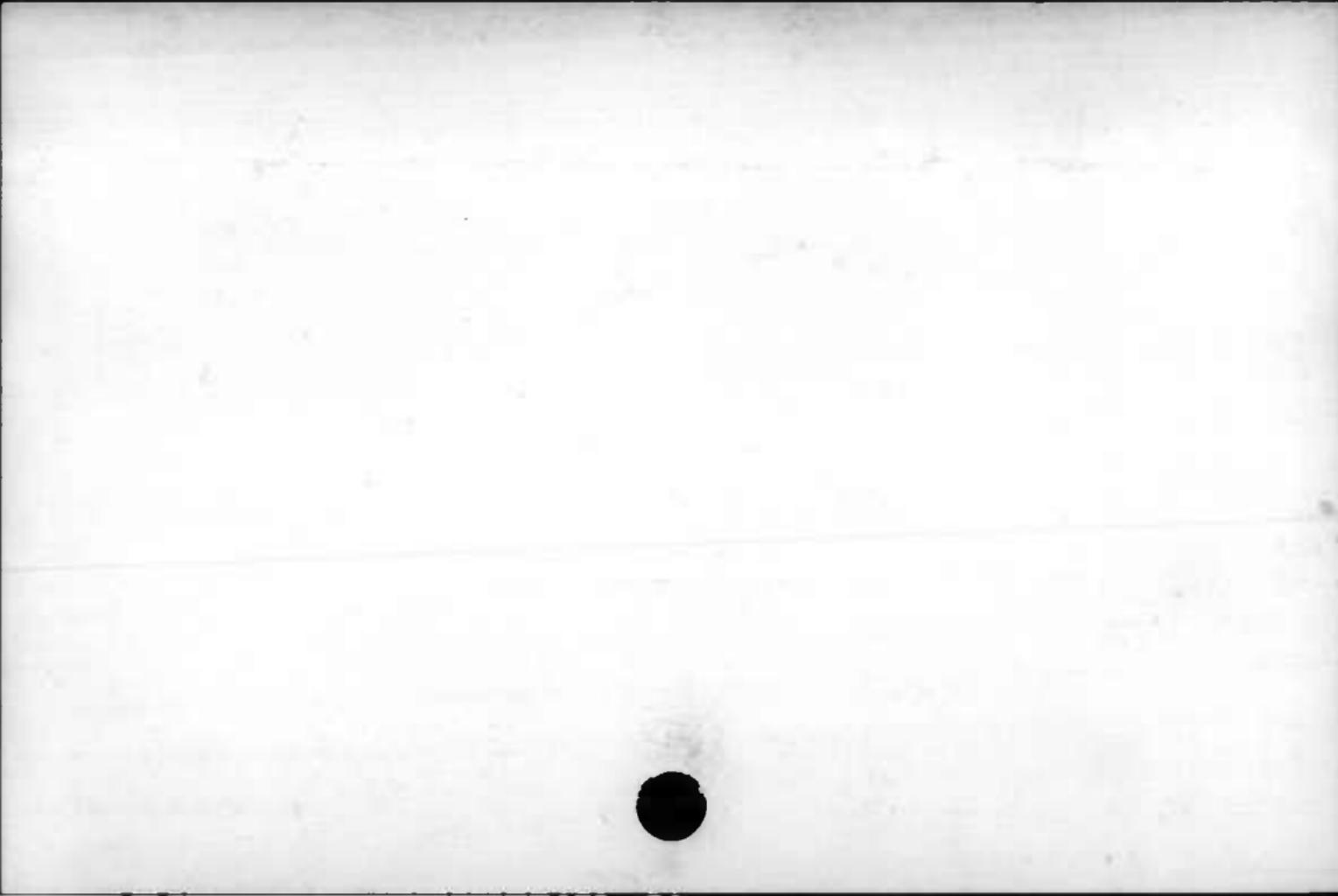
Karia V Barnum

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	Oct.	9	19	3	3
Sex	Female	Color or Race	Colored	Birth-place	Spearman
Occupation	House work	Where Residing if not at place of death	St James		
Married, Single or Widowed	single	Name of Wife or Husband	X		
Father's Name	Charles Barnum			Father's Birthplace	Washington
Mother's Maiden Name	Julia Barfield			Mother's Birthplace	Neasonton
Name of person giving information	Grace Barfield (7)			How related to deceased	Grand Father

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	1 year
Immediate	Laryngeal	How long	2 mos
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	B. M. Reichard
		Address	Fairplay
Accident or Suicide?			



Name
in
Full

Benj. F. Beck

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Sophia Beck.			
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

1905 10 13 74 8 2

male colite Md.

Retired Lumber dealer

widower

J. F. & Beck son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary 104 How long

Immediate 104 How long

Are the name, age, sex, color, date and place correctly given above?

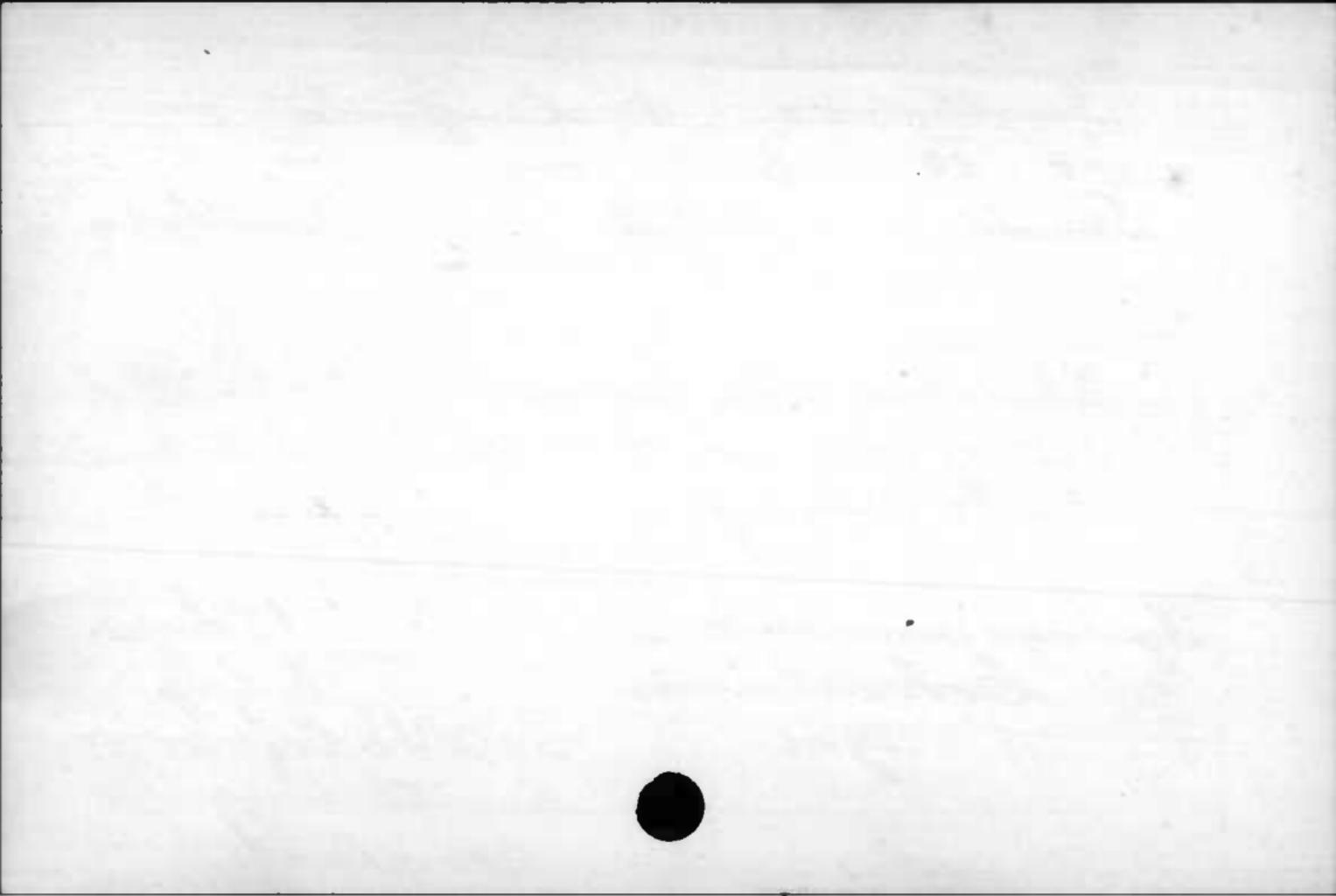
Signature of Physician

yes

Address

A P Stauffer
Hagerstown
Md.

Accident or Suicide?



Name
in
Full

Eva. Harretta Brown.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Munths
1905	10	6	15
Sex	Color or Race	Birth-place	
Female	White	Smithsburg	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Rheubarb Eva Brown	Father's Birthplace	Smithsburg
Mother's Maiden Name	May Organda Harbaugh	Mother's Birthplace	Sabillaeville
Name of person giving information	Dr. Wm. D. Kefauver	How related to deceased	-

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Syringo myelocle

(150)

How long
15 days.

Immediate

Convulsions

How long
2 day.

Are the name, age, sex, color, date and place correctly given above?

yes

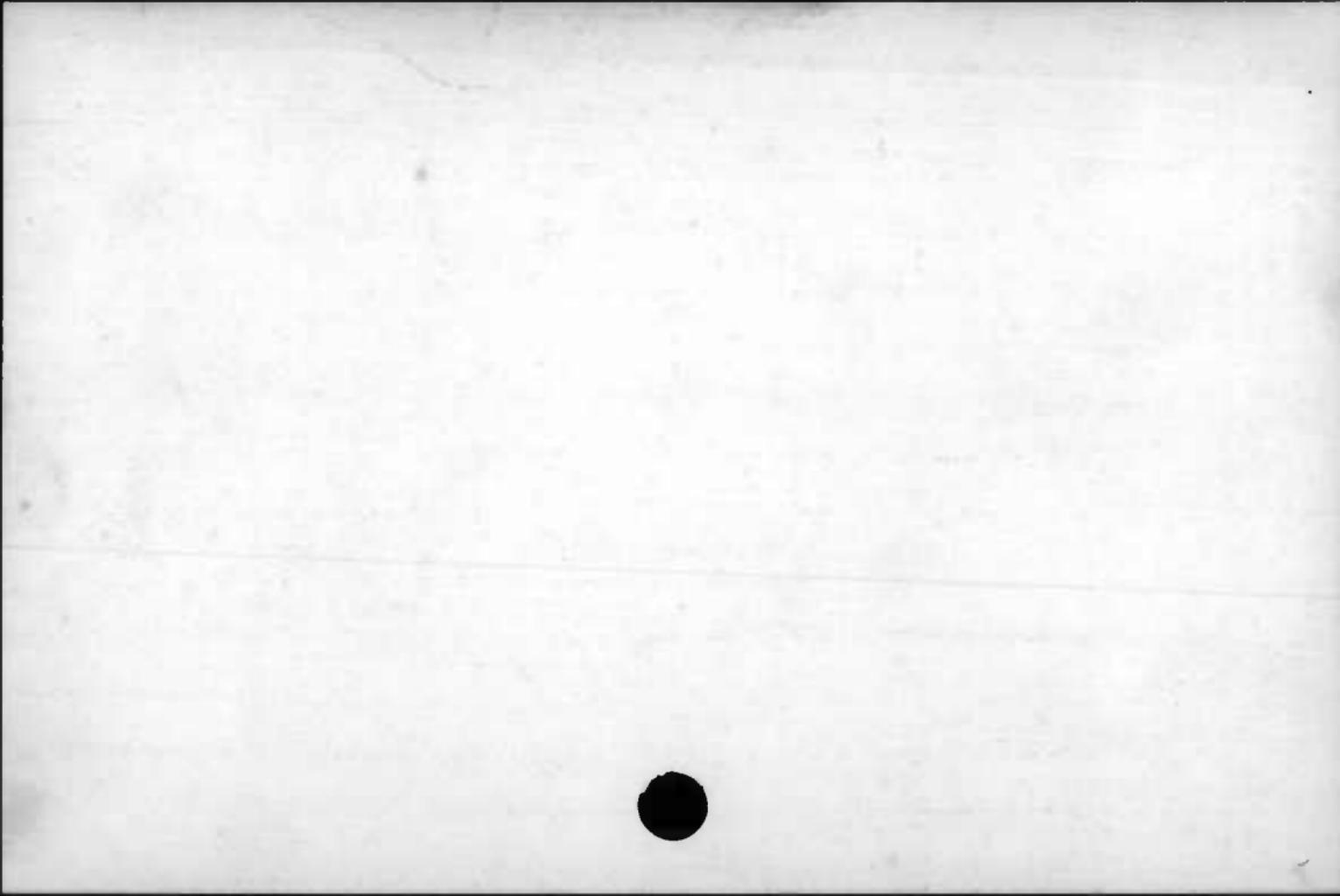
Signature of Physician

Dr. Wm. D. Kefauver

Address

Smithsburg
Maryland.

Accident or Suicide?



Name
in
Full

Hattie I Buzzard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Hagerstown Feb 10	Wash			
Date of death	Month	Day	Years	Months	Days
1905	10	29	✓	✓	8 weeks
Sex	Female	Color or Race	White	Birth-place	Hgs Feb 10
Married, Single or Widowed	✓	Occupation	✓		
Name of Wife or Husband	✓				
Father's Name	Charles I Buzzard	Father's Birthplace	Smithburg, W. Va.		
Mother's Maiden Name	Hattie Betty	Mother's Birthplace	Don't know		
Name of person giving information	Wm E Buzzard	How related to deceased	uncle		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Inflammation (5)

How long

Since birth

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

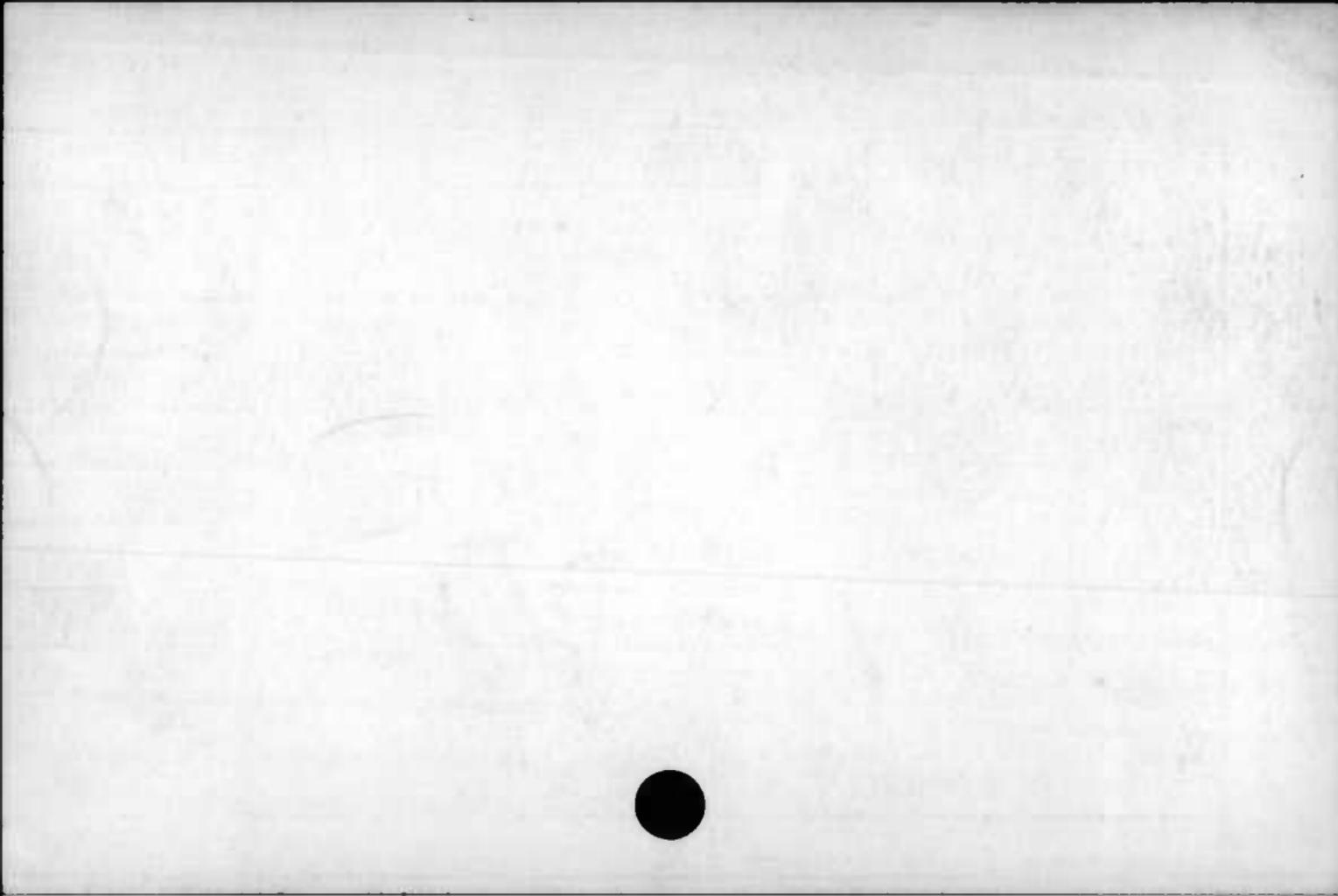
yrs

Signature of Physician

Address

W. Ruillier
Hagerstown Md

Accident or Suicide?



Name
in
Full

William M. Carter.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	male	Color or Race	Age	44 yrs	
Occupation	Merchant		Where Residing if not at place of death	Hancock	
Married, Single or Widowed	Single	Name of Wife or Husband		Hancock	
Father's Name	Thomas Miles Carter		Father's Birthplace	Virginia	
Mother's Maiden Name	Catharine Bridges		Mother's Birthplace	Hancock	
Name of person giving information	Frank Beard.		How related to deceased	none	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

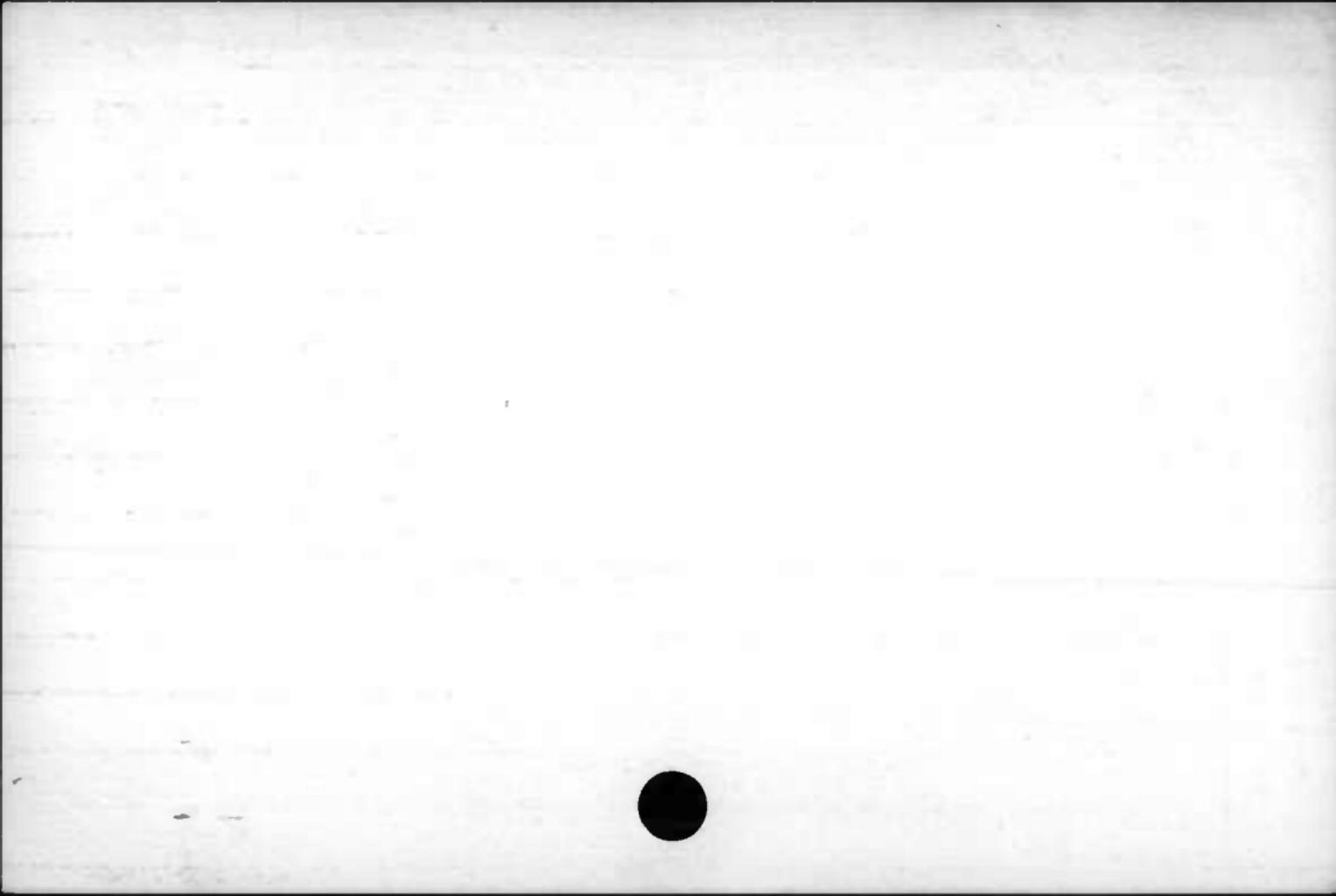
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Samuel Chrissinger

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	50	9	23	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Anna Chrissinger				
Father's Name	Emanuel Chrissinger					Father's Birthplace
Mother's Maiden Name	Mary a Greek					Mother's Birthplace
Name of person giving information	E. Chrissinger					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Bright's Disease



How long

Immediate

How long

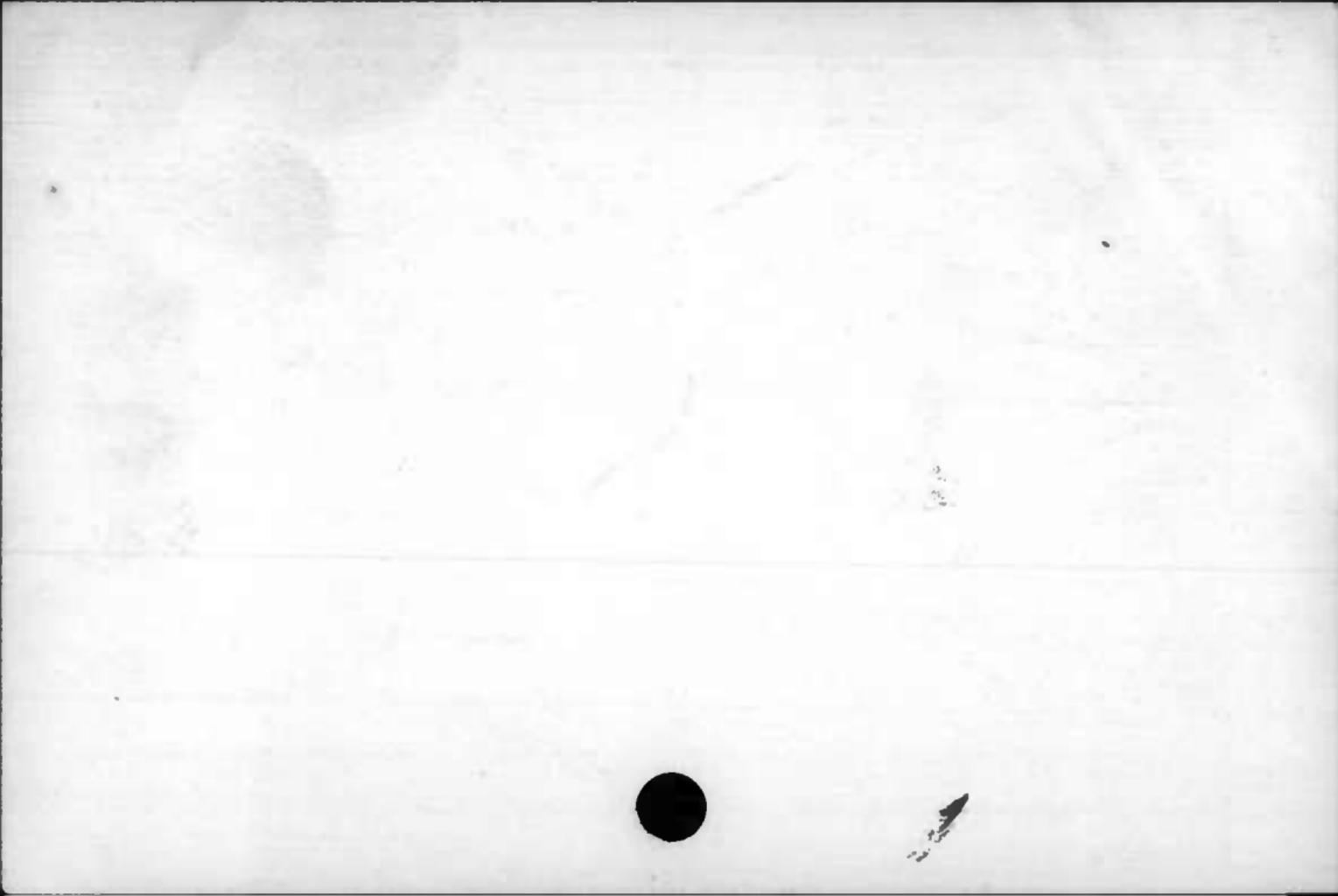
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John R. Rutherford

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Joseph Corby

No 268

CERTIFICATE OF DEATH

Died at	Williamsport	Town	Washington	County	MARYLAND	
Date of death	1905 Oct 15	Month Day	Age 45	Years	Months 6	Days 35
Sex	Male	Color or Race	White	Birth-place	Williamsport	
Occupation	R R Conductor			Where Residing if not at place of death		
Married, Single or Widowed	Maria	Name of Wife or Husband	Laura Tice	Father's Birthplace	Williamsport	
Father's Name	John W Corby			Mother's Birthplace		
Mother's Maiden Name	Alpha Arts			How related to deceased	one day	
Name of person giving information	J F Kueps			Underlaker		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever



How long

one week

Immediate

Inflammation

How long

one day

Are the name, age, sex, color, date and place correctly given above?

yes

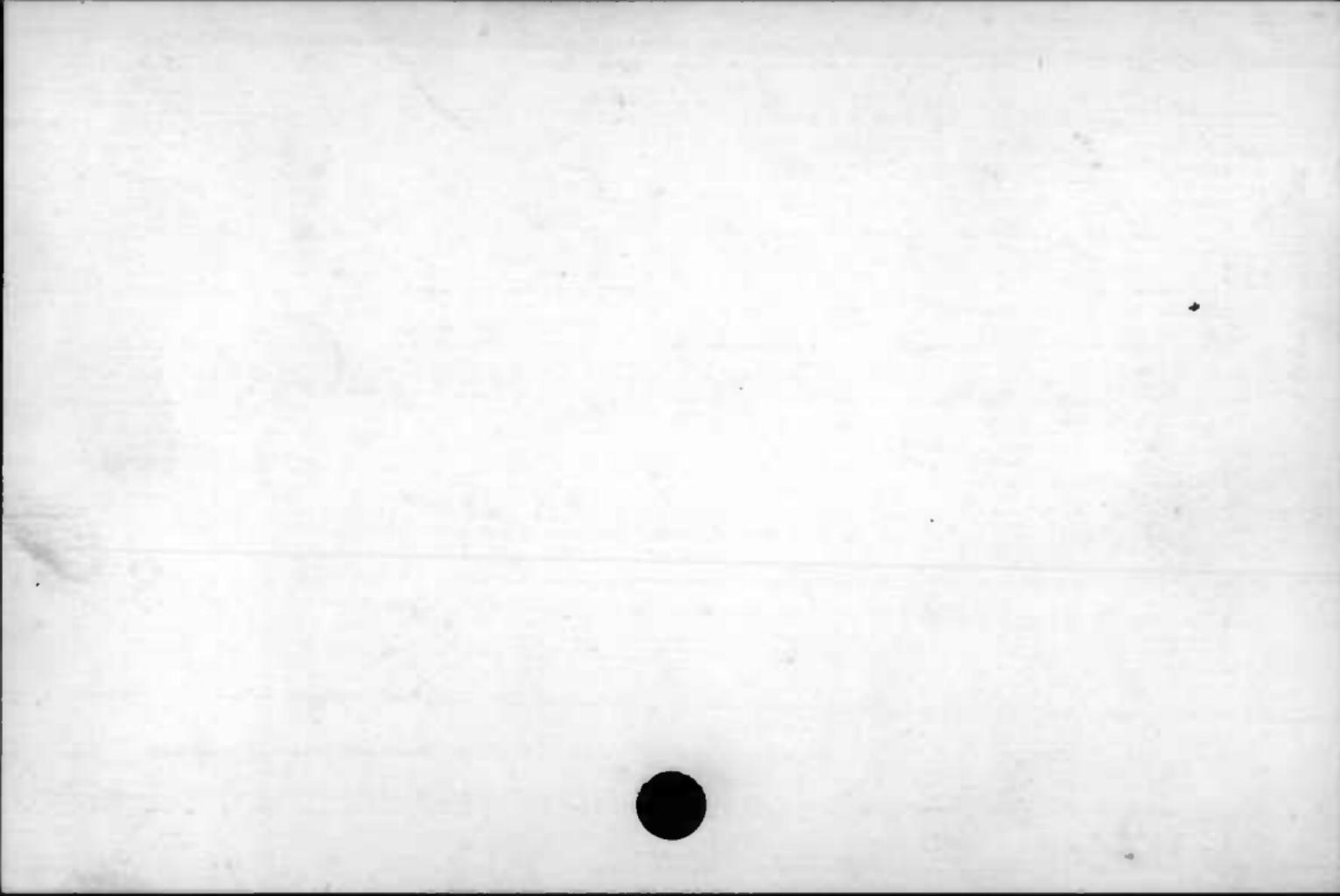
Signature of Physician

A K Grively

Address

Williamsport and

Accident or Suicide?



Name
in
Full

Joseph St. Deener

CERTIFICATE OF DEATH

To BE ANSWERED BY

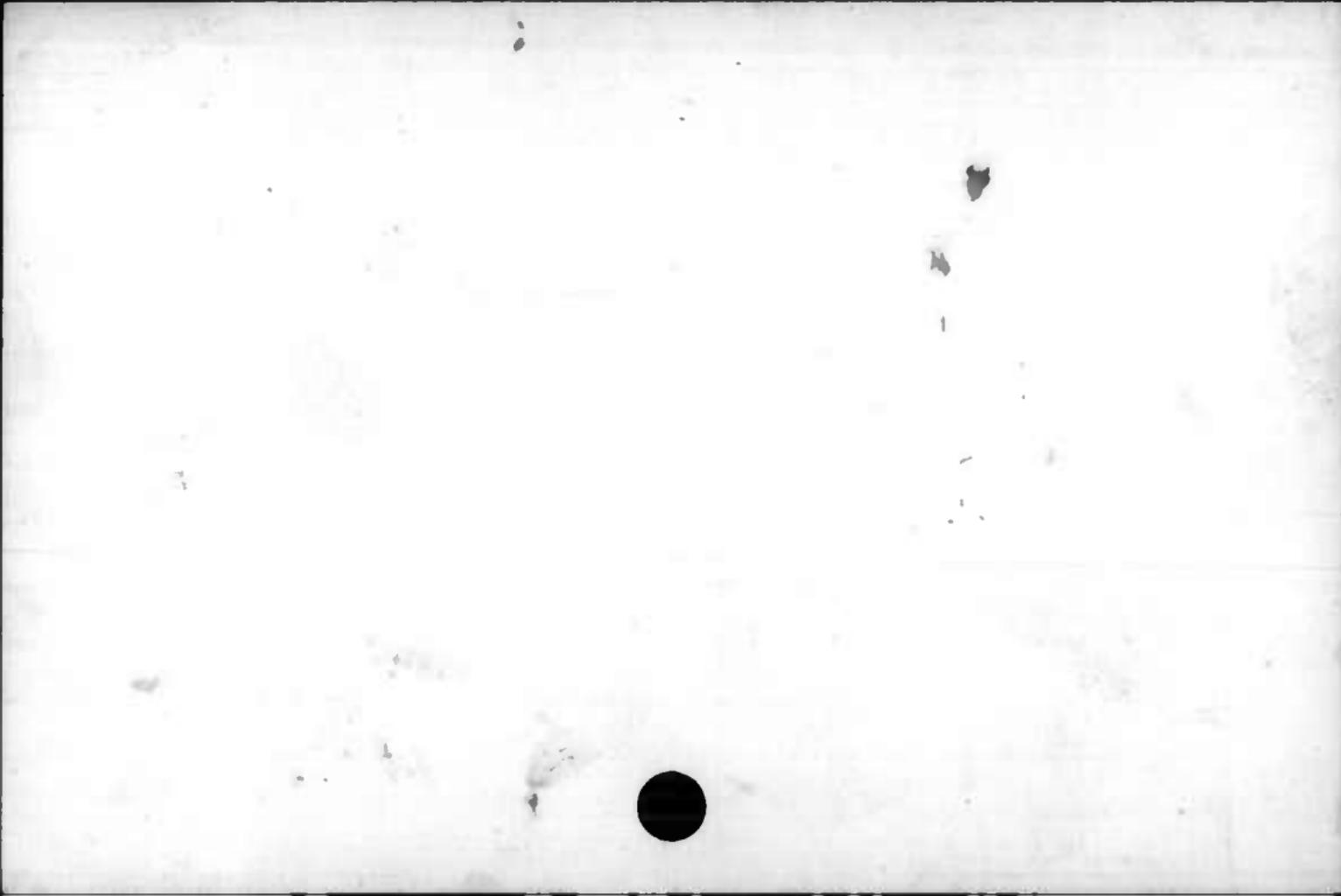
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1905	10	19	73		11	14	
Sex	Male	Color or Race	White	Birth-place	Md.		
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Susan Deener						
Father's Name	Samuel Deener			Father's Birthplace	Md.		
Mother's Maiden Name	Mary Stines			Mother's Birthplace	"		
Name of person giving information	Joseph Deener			How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile Debility	154	How long	6 months
Immediate	1.	1	How long	"
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. T. Yost	
		Address	Brownsille Md	
*Accident or Suicide?				



Name
in
Full

Montgomery, J. Draper 266

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month 10	Day 10	Age 78	Years 8	Months 8 Days 26
Sex Male	Color or Race White	Occupation Farmer			
Married, Single or Widowed	Widower				
Name of Wife or Husband	Catharine Spresher				
Father's Name	Thomas Draper				
Mother's Maiden Name	Mary Zimmerman				
Name of person giving Information	A. E. S. Head				
How related to deceased Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Intoxicating Enzyme.

How long

Five years

Immediate

Exhaustion

How long

Two weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

J. Dr. Draper

Williamsport, Md

Accident or Suicide?

Interment at
St Pauls Cemetery
J. Mc Miller F.C.D.

Name
in
Full

Bivyan L. Dunn.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Hagerstown		Wash.			
Date of death	Month	Day	Years	Months	Days
1905	10	20	1	1	
Sex	male	Color or Race	white	Birth-place	Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	John F. Dunn.			Father's Birthplace	
Mother's Maiden Name	Lulu Good.			Mother's Birthplace	Md.
Name of person giving Information	John Good			How related to deceased	uncle

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Meningitis

(61)

How long

Three weeks

Immediate

Meningitis

How long

Three weeks

Are the name, age, sex, color, date and place correctly given above?

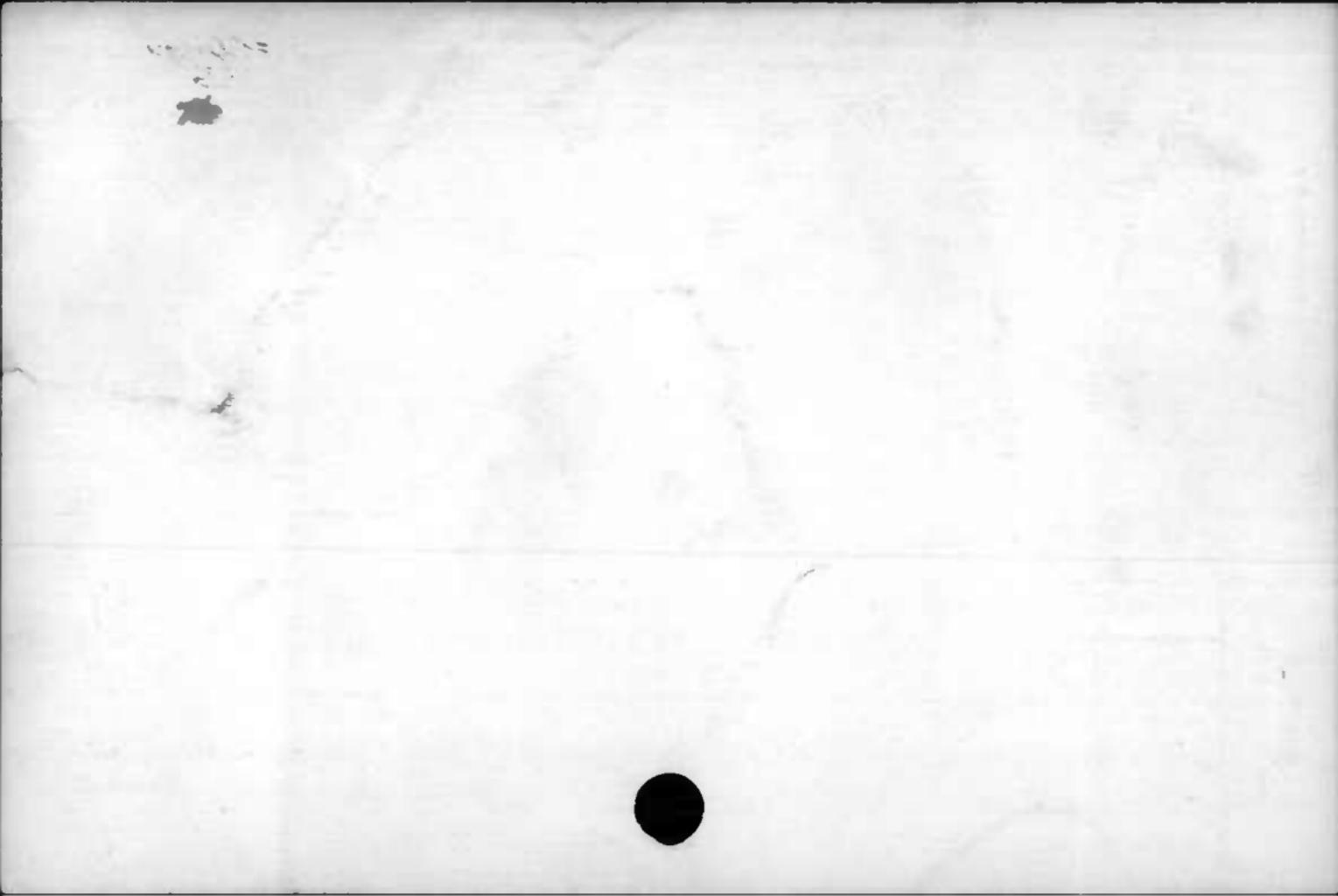
Yes

Signature of Physician

Address

Chas D. Borland
Hagerstown Md.

Accident or Suicide?



Name
in
Full

Mary Elizabeth Foxenberger

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	83	1	15
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Husband	Adam Foxenberger.			
Father's Name	John Eakle				
Mother's Maiden Name	Elizabeth Wright				
Name of person giving Information	Mary E. Foxenberger				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

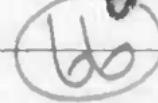


How long

Some days

Immediate

Paralysis



How long

Some days

Are the name, age, sex, color, date and place correctly given above?

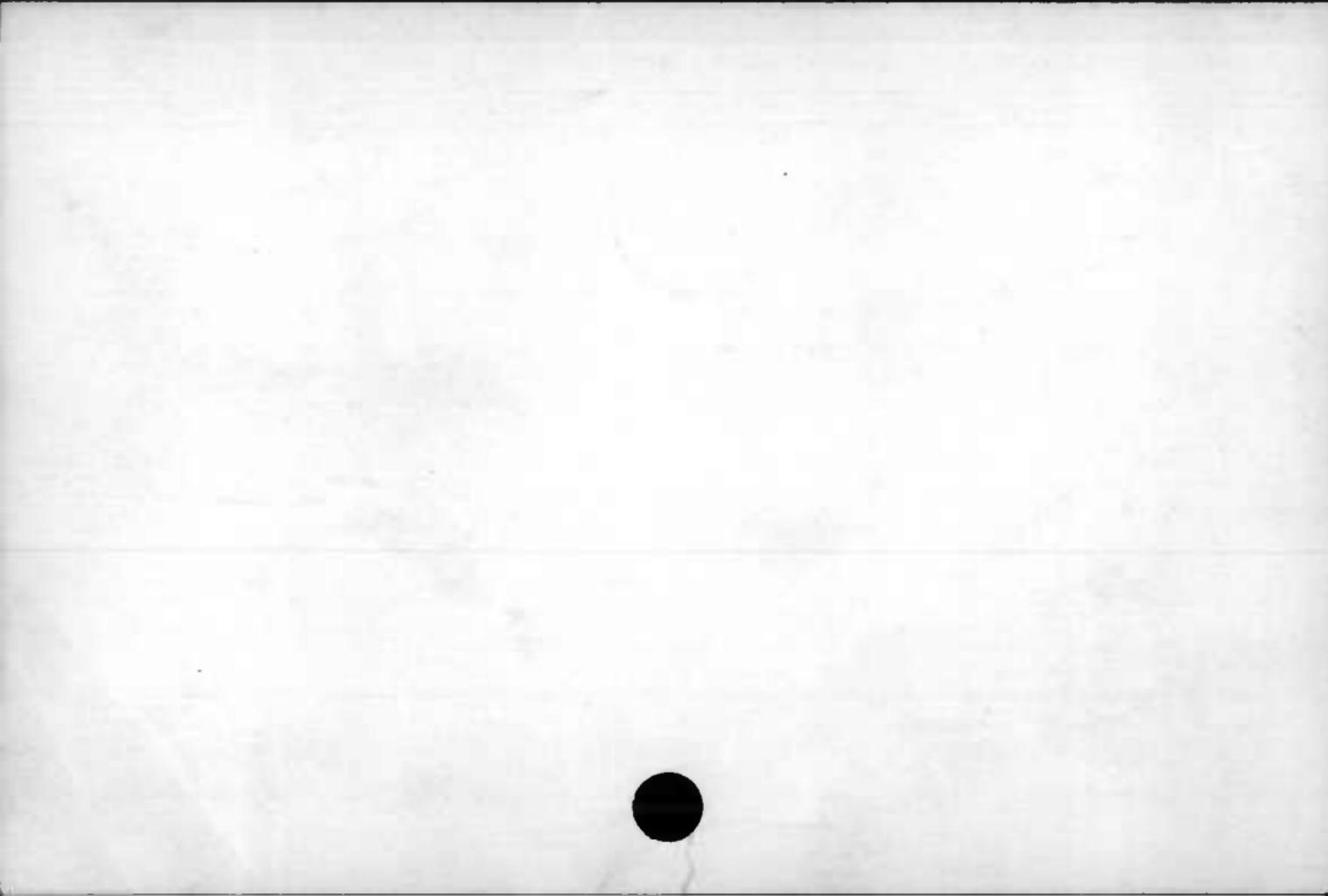
Signature of Physician

Jos

Address

John A. Roffman

Accident or Suicide?



Name
In
Full

Berney French

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			Birth-place
Married, Single or Widowed	Name of Wife or Husband			Father's Birthplace
Father's Name	Geo C French			Ernestville
Mother's Maiden Name	Nan Manning			Mother's Birthplace
Name of person giving information	Father			How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Weak from birth	How long
Immediate	Asthma	How long

Are the name, age, sex, color, date and place correctly given above?

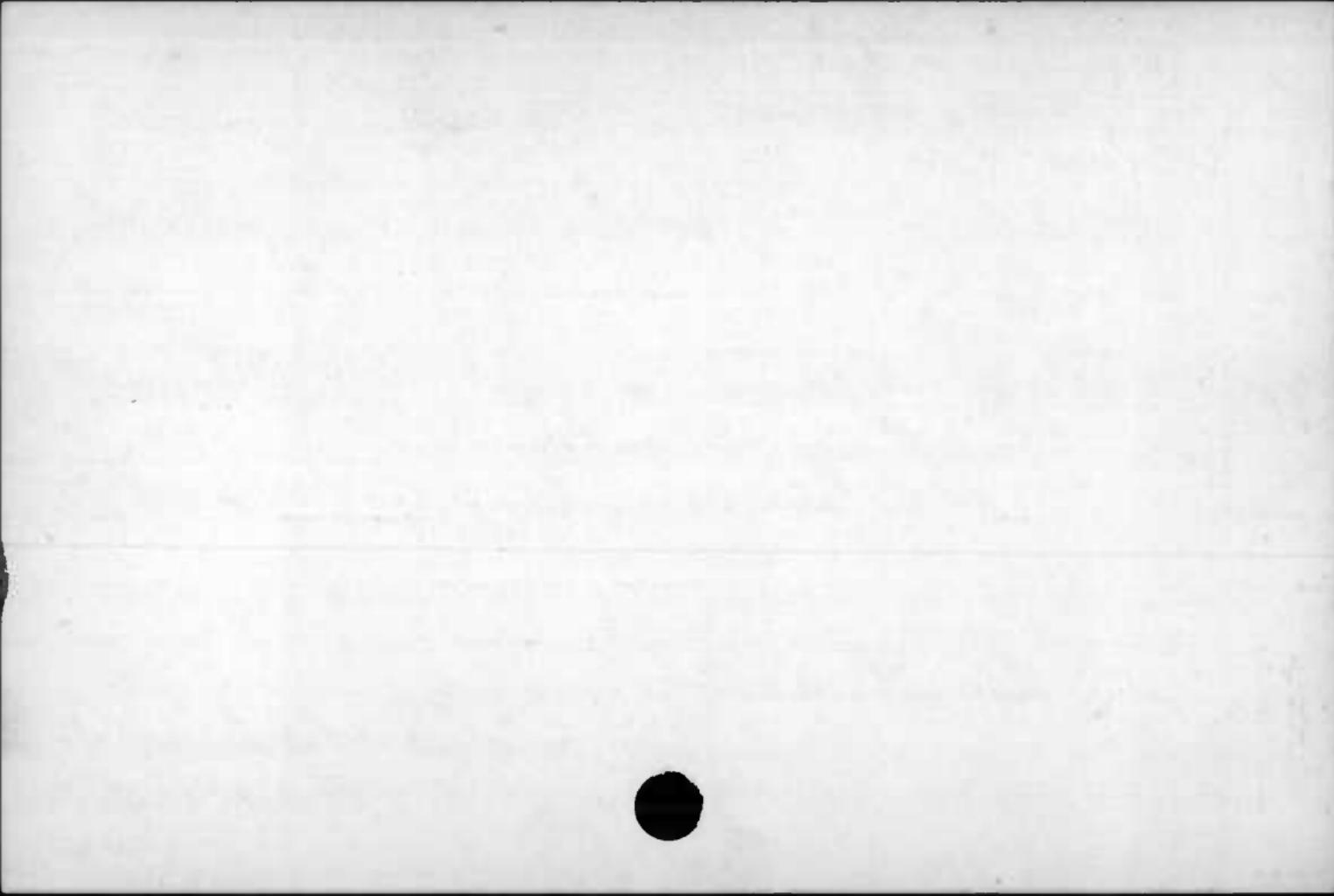
Signature of Physician

Address

Frantz Bros

& Undertakers

Accident or Suicide?



Name
in
Full

Emory Dale Garmong

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Munths	Days
Sex	Color or Race	Age	—	8	2
Occupation	Where Residing if not at place of death	Birth-place	Md.		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	single		Penns.		
Mother's Maiden Name	O. E. Garmong		md.		
Name of person giving information	Emeline Strite		How related to deceased		
	O E Garmong		father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

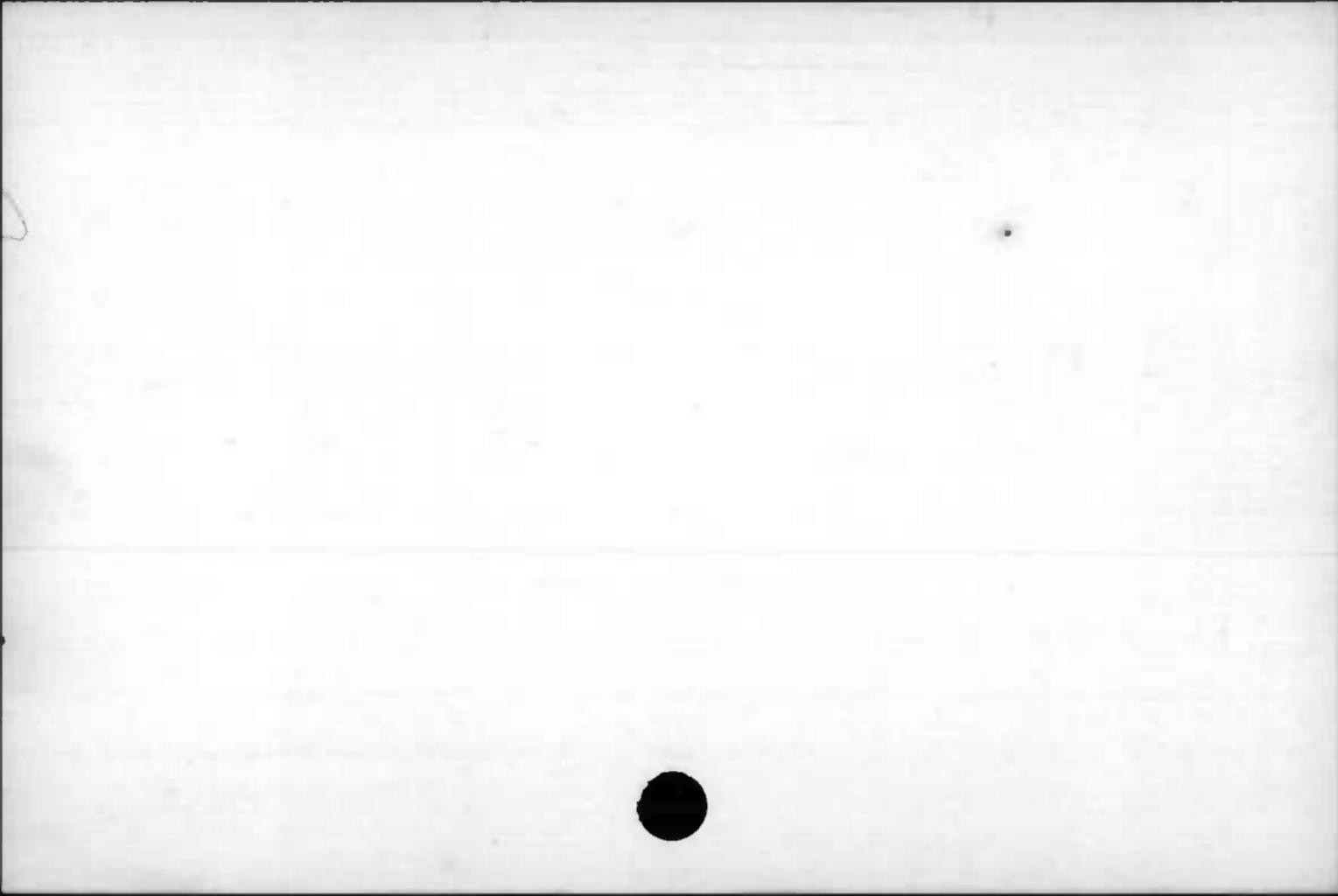
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Class B Boyle
Hagerstown
md.



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	1905 Oct.	Day	Years	Months	Days
Sex	Male	Color or Race	Age	Birth-place	
Occupation	Labour	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife Husband				
Father's Name	Unknown		Father's Birthplace		
Mother's Maiden Name	Unknown		Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia by Care* How long

Immediate " How long

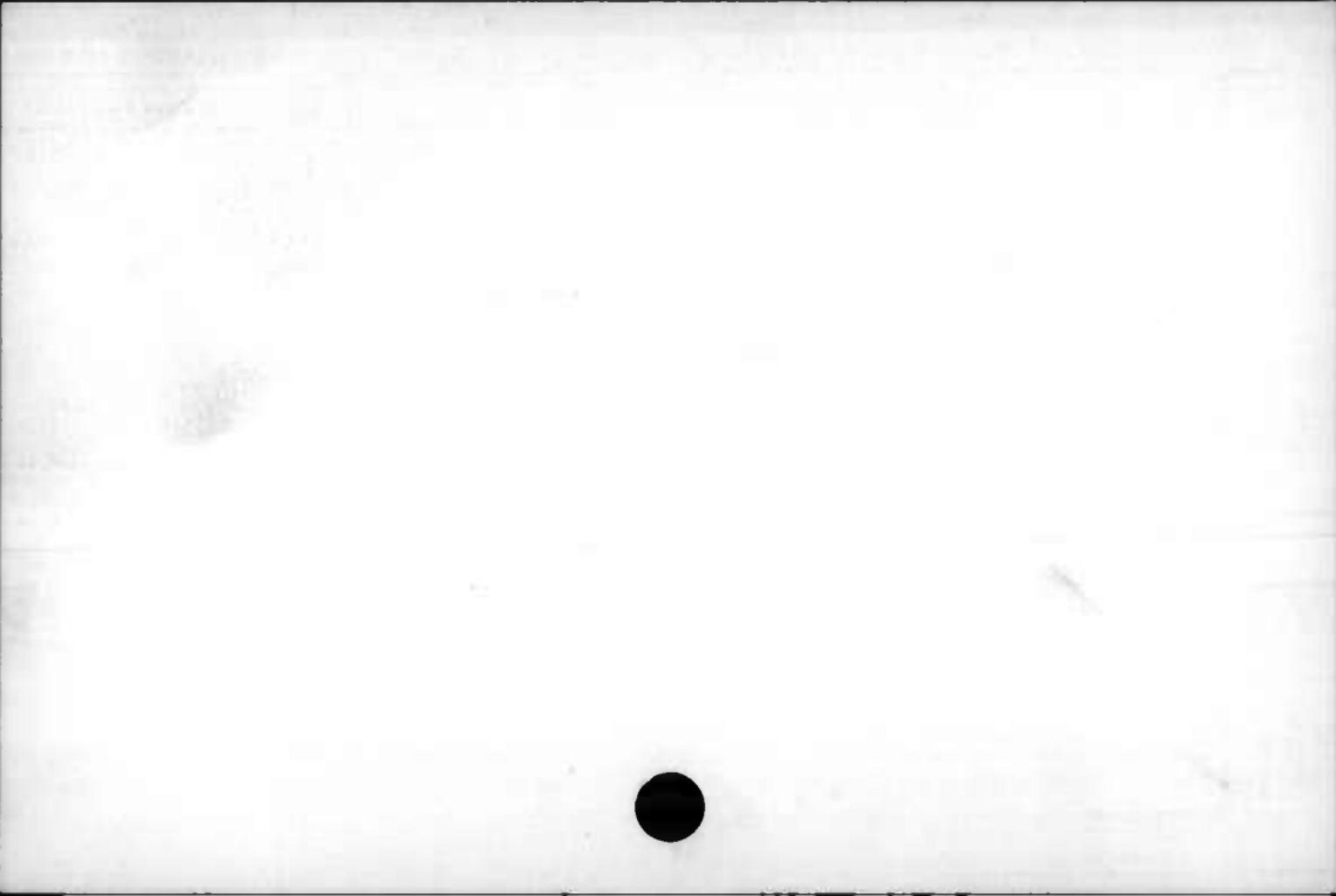
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Dr. H. C. Foster,
Clarendon.*

Accident or Suicide?



Name
in
Full

Susanna Lizzie Grove

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	27.	27
Occupation	Daughter of Household		Where Residing if not at place of death	At home	
Married, Single or Widowed	Name of Wife or Husband		Father's Name	Wilson	
Mother's Maiden Name	Regina. b. Stech		Mother's Birthplace	Tulsa, Okla.	
Name of person giving Information	Daniel Mervine		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis of Throat & Lungs

How long

Six months

Immediate

Heart Failure

How long

One week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J.O. Perry
Clearspring Md.

Accident or Suicide?

2,30

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Attie Beamer				Heuvel (H. M.)		CERTIFICATE OF DEATH		
Died at	Town	County			MARYLAND			
Date of death 1905	Month Oct.	Day 14	Age 61	Years	Months	Days		
Sex Female	Color or Race White	Occupation			Birth-place	Neaguston, Md.		
Married Single or Widowed				Father's Name	Dad Co. Md.			
Name of Wife or Husband				Mother's Birthplace	Freddy Co. Md.			
Father's Name	Dr Frank Heuvel			How related to deceased	Father			
Mother's Maiden Name	Margarettaine Payor							
Name of person giving information	D. T. Heuvel							
CAUSES OF DEATH								

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Odeo Payor
Neaguston, Md.

Accident or Suicide?

St. Pauls

Name
in
Full

David Hoover

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>Near Covetown</u>		Town <u>Hastington</u> County <u>MARYLAND</u>	
Date of death <u>1905</u>	Month <u>10</u>	Day <u>11</u>	Years <u>80</u> Months <u>7</u> Days <u>3</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Smithsburg</u>	
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>" "</u>		
Married, Single or Widowed	Name of Wife or Husband <u>David Hoover</u>	Father's Name <u>David Hoover</u>	Father's Birthplace <u>Germann</u>
Mother's Maiden Name <u>Elizabeth Bentwyer</u>	Mother's Birthplace <u>Huntington Pa</u>		How related to deceased <u>Daughter</u>
Name of person giving information <u>Emma Hoover</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dropsy & Heart Failure

How long

3 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

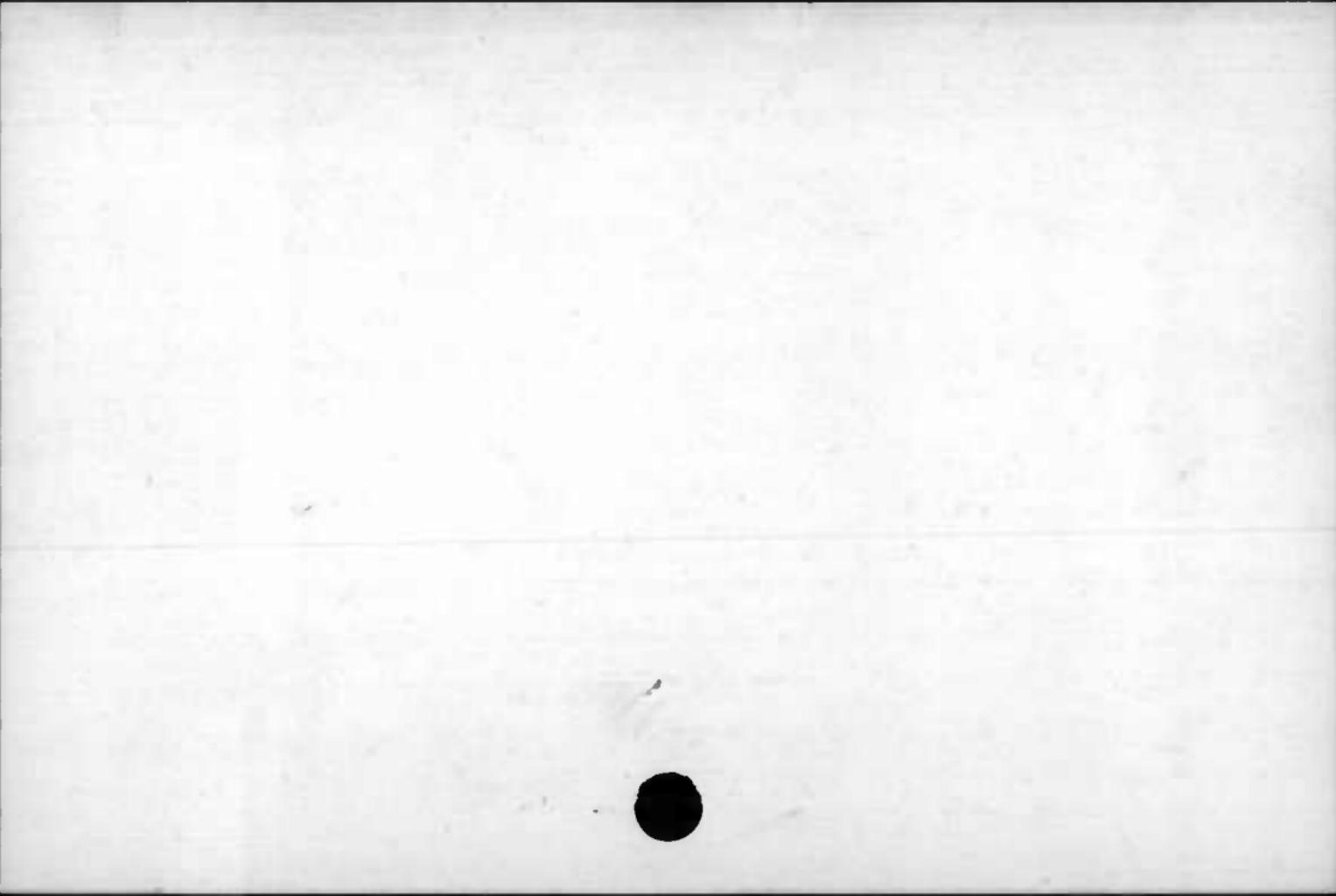
Signature of Physician

Geo B Hoover Undertaker

Address

Smithsburg Md.

Accident or Suicide?



Name
in
Full

Infant of David Hosen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Day	Month	Year	County	MARYLAND	
Date of death	Day	Age	Years	Months	Days	
of 1903	3				2	
Sex	Color or Race	Male White				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	David Hosen					
Mother's Maiden Name	Jane Rubicker					
Name of person giving information	David Hosen					
Father's Birthplace Pa						
Mother's Birthplace Md						
How related to deceased Father.						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart Failure

How long

2 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

How long

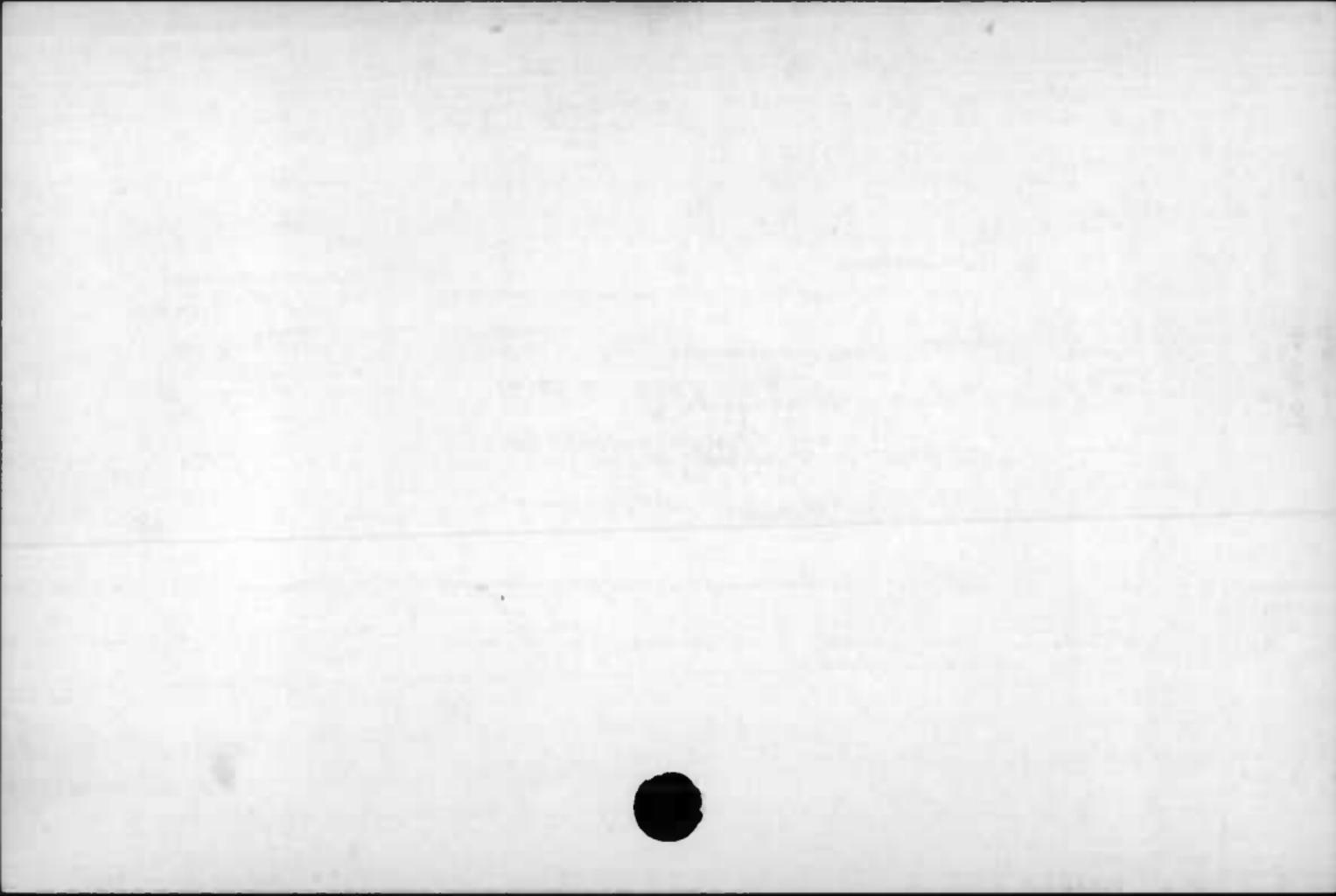
2 ..

Signature of Physician

Address

J. P. Percy
Clearspring
Md

Accident or Suicide



Name
in
Full

Garfield Ingram

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
1905	Month	Day	Years
Sex	Color or Race	Birth-place	Months Days
Occupation	Where Residing if not at place of death	Married, Single or Widowed	
Name	Name of Wife or Husband	Father's Name	Father's Birthplace
Mother's Maiden Name		Mother's Birthplace	"
Name of person giving information	Charles Ingram	How related to deceased	Uncle

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Condemus



How long

3 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

R. M. Gentry.

Springfield, Md.

Accident or Suicide?

Eugene Marker
Undertaker

Name
in
Full

Walter Webster Knight-

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John C. Knight-			Father's Birthplace	Weargan,	
Mother's Maiden Name	Mary Helen Crumpton			Mother's Birthplace	Antietam	
Name of person giving information	John C. Knight.			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Malnutrition

How long

About 2 mos.

Immediate

151

How long

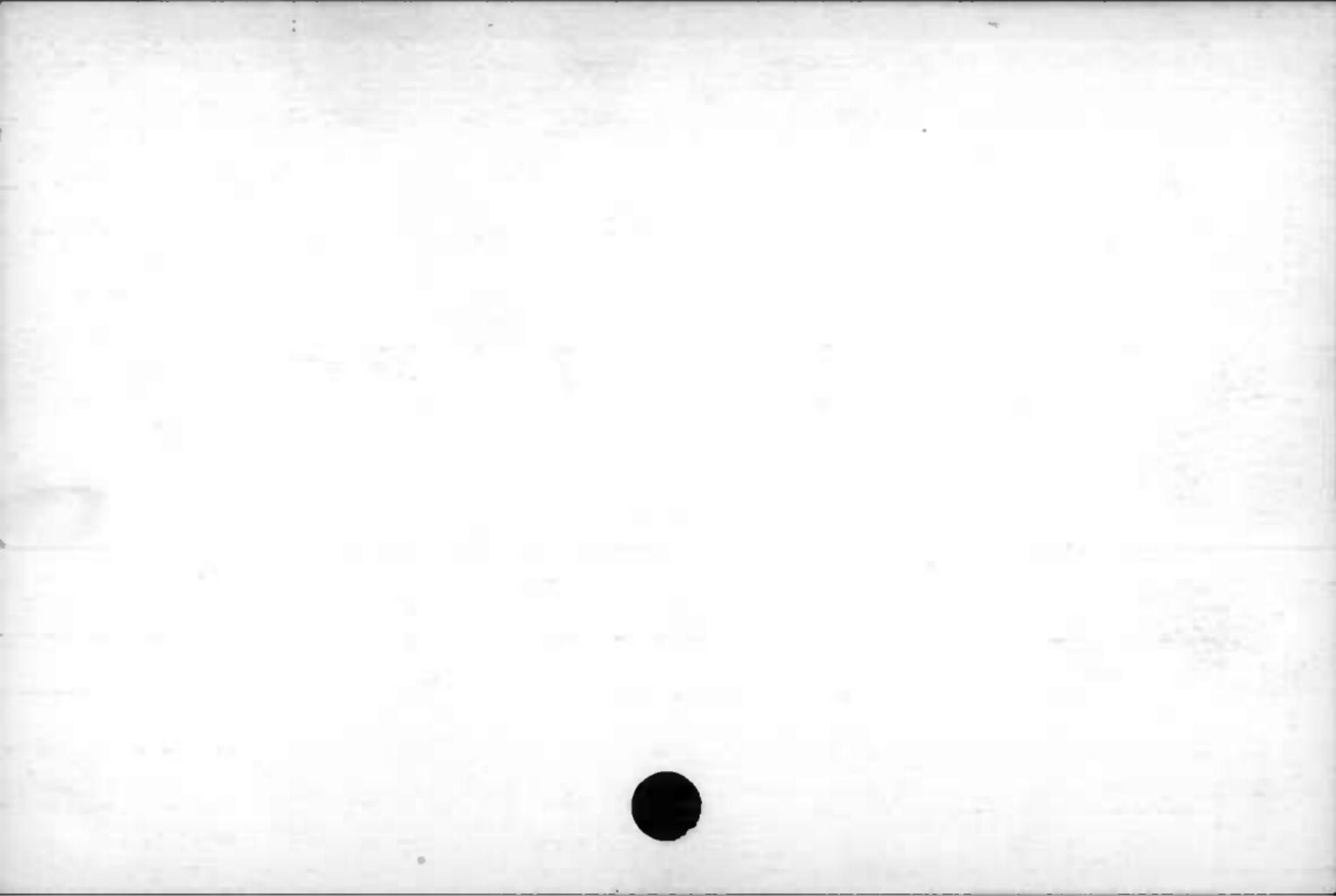
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

L. M. Garrett,
Chumpshire, Md.

Accident or Suicide?



Name
in
Full

Anna Louise Lawver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND		
Died at Hagerstown	Washington					
Date of death 1904	Month 10	Day 12	Age 69	Years 9	Months 9	Days 4
Sex Female	Color or Race White	Birth-place Md	Where Residing if not at place of death			
Occupation	Elliott Lawver					
Married, Single or Widowed Widower	Name of Wife or Husband John Brugunier	Father's Name	Md			
Mother's Maiden Name Susan Cook	Father's Birthplace	Md				
Name of person giving information Mrs Benjamin King	Mother's Birthplace	Md				
How related to deceased Sister						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Carcinoma of Liver

How long

several months

Immediate

Are the name, age, sex, color etc
and place correctly given above?

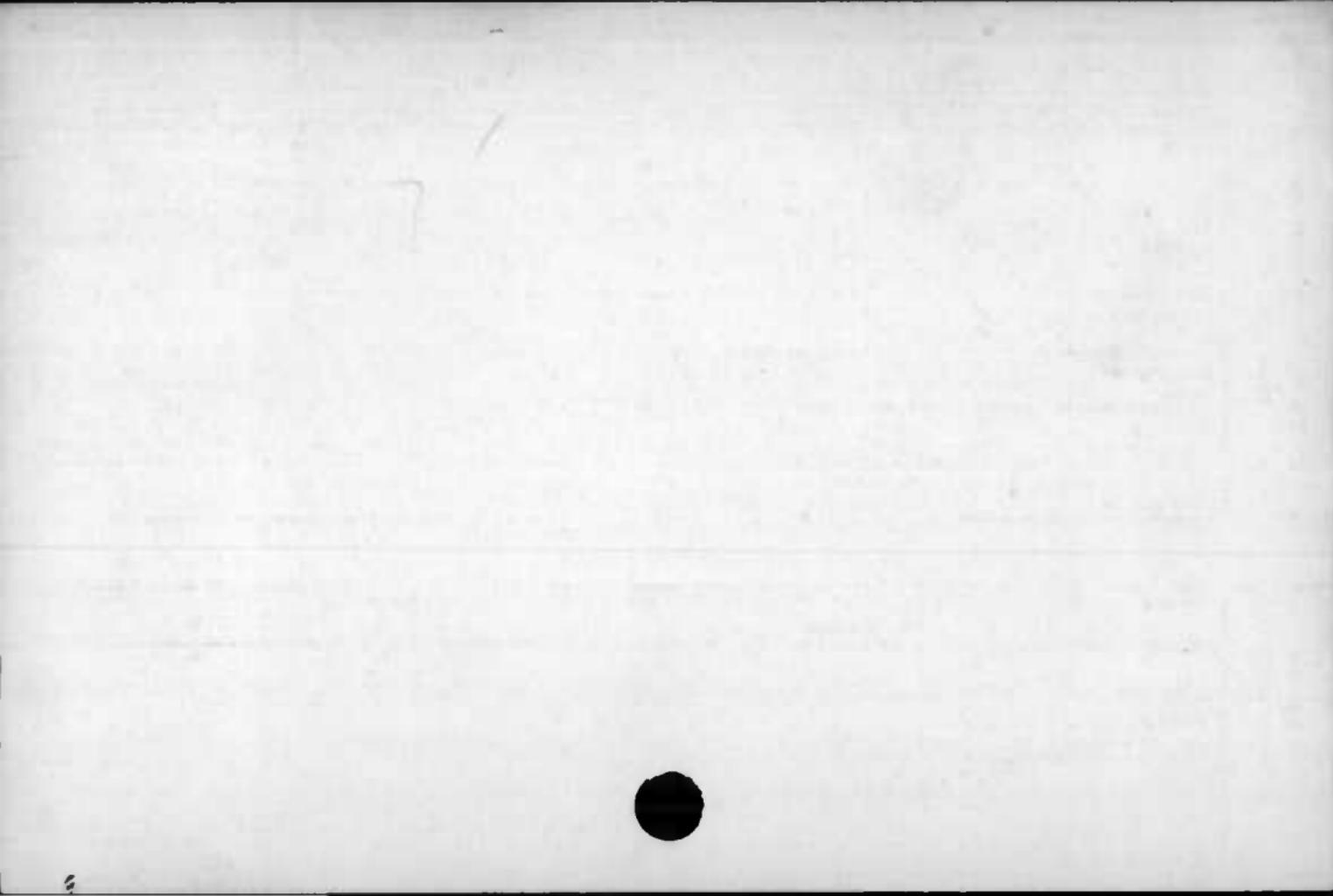
Yes

Signature of Physician

Address

McScott
Hagerstown.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Otho Leaking

CERTIFICATE OF DEATH

Died at <u>Sharpsburg</u>		Town	<u>Washington</u>		County	MARYLAND	
Date of death <u>1908</u>	Month <u>Oct-</u>	Day <u>1</u>	Age <u>93.</u>	Years	Months <u>3.</u>	Days <u>24.</u>	
Sex <u>Male</u>	Color or Race <u>Colored</u>			Birth-place <u>Buckeystown Md</u>			
Occupation <u>Cabman</u>			Where Residing if not at place of death <u>_____</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Dead</u>			Father's Birthplace <u>Buckeystown Md</u>			
Father's Name <u>John Leaking</u>			Mother's Birthplace <u>Don't know</u>				
Mother's Maiden Name <u>Don't know</u>			How related to deceased <u>Son.</u>				
Name of person giving information <u>Joseph Leaking</u>			CAUSES OF DEATH				

Primary <u>Old age</u>	<u>111</u>	How long <u>—</u>
Immediate <u>Dropsy and heart failure</u>		How long <u>one month</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician. <u>Dr. Howell Garrison</u>	
	Address <u>Sharpsburg Md</u>	
Accident or Suicide?		

Eugen Market.
Undertaker

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Majid Lee Leasure Ato 273,					CERTIFICATE OF DEATH
Died at	Town Charlton	County Washington	MARYLAND		
Date of death 1905	Month Oct.	Day 27	Years Age 26	Months	Days
Sex Female	Color or Race White	Birth- place Martinsburg, W. Va.			
Occupation Housework	Where Residing if not at place of death Charlton, Md.				
Married, Single or Widowed Married	Name of Wife or Husband Wm. H. Leasure				
Father's Name Davis	Father's Birthplace don't know				
Mother's Maiden Name Mariah	Mother's Birthplace don't know				
Name of person giving Information Wm. H. Leasure	How related to deceased Husband.				
CAUSES OF DEATH					
Primary Chronic Nephritis	(2) How long one year				
Immediate Exhaustion.	How long				
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician A. H. Boose Address Hagerstown, Md.				
Accident or Suicide?					

PHYSICIAN
OR CORONER

J. J. Kreps Mundtaker
G. Paeks internist

Name
in
Full

Josiah Leatheman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	73	
Occupation	Where Residing if not at place of death	Birth-place	Md.	
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Sarah Leatheman	Father's Birthplace	Md.	
Mother's Maiden Name	Christians Warrufelt	Mother's Birthplace	"	
Name of person giving Information	Alvey Leatheman	How related to deceased	son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

V

How long

Immediate

(W)

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Chas B. Bogle
Leagertown
Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

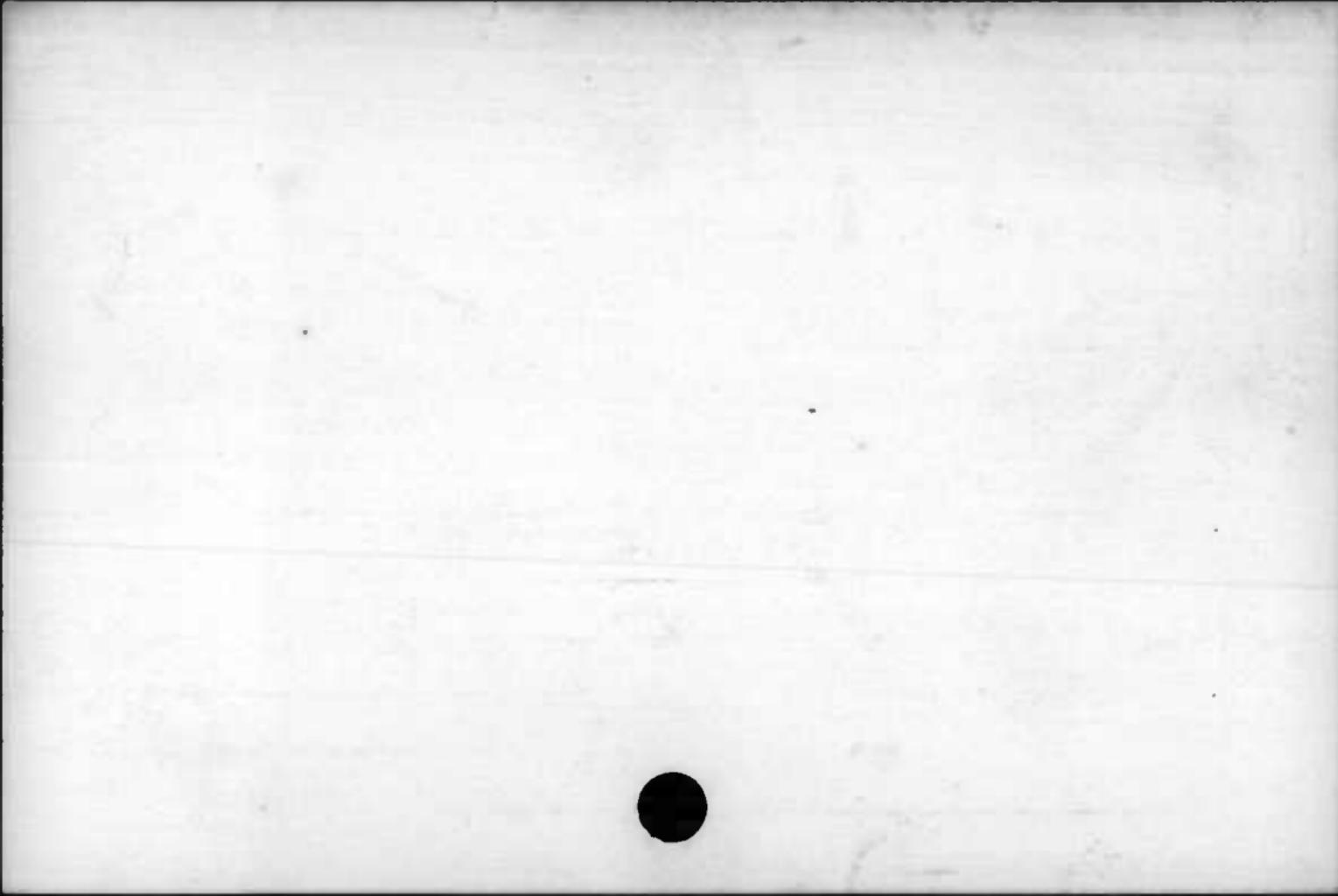
Catharine Lester

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Munths	Days
1905	Oct.	28 th	Age 55	7	5
Sex	Color or Race	Birth-place			
Female	White	Bergerston			
Occupation	Where Residing if not at place of death				
Housekeeper	Bergerston				
Married, Single or Widowed	Name of Wife or Husband				
Single					
Father's Name	Father's Birthplace				
Jacob Lester	Circumlocution				
Mother's Maiden Name	Mother's Birthplace				
Newcomen	heard Gileadbury				
Name of person giving information	How related to deceased				
J L Gilland	Physician				

CAUSES OF DEATH

Primary	Cancer of cervical gland		How long	Six months
Immediate	asphyxia		How long	immediate
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J L Gilland
			Address	Greencastle Penn
Buried at Miller's Church		maryland		
Accident or Suicide?				



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

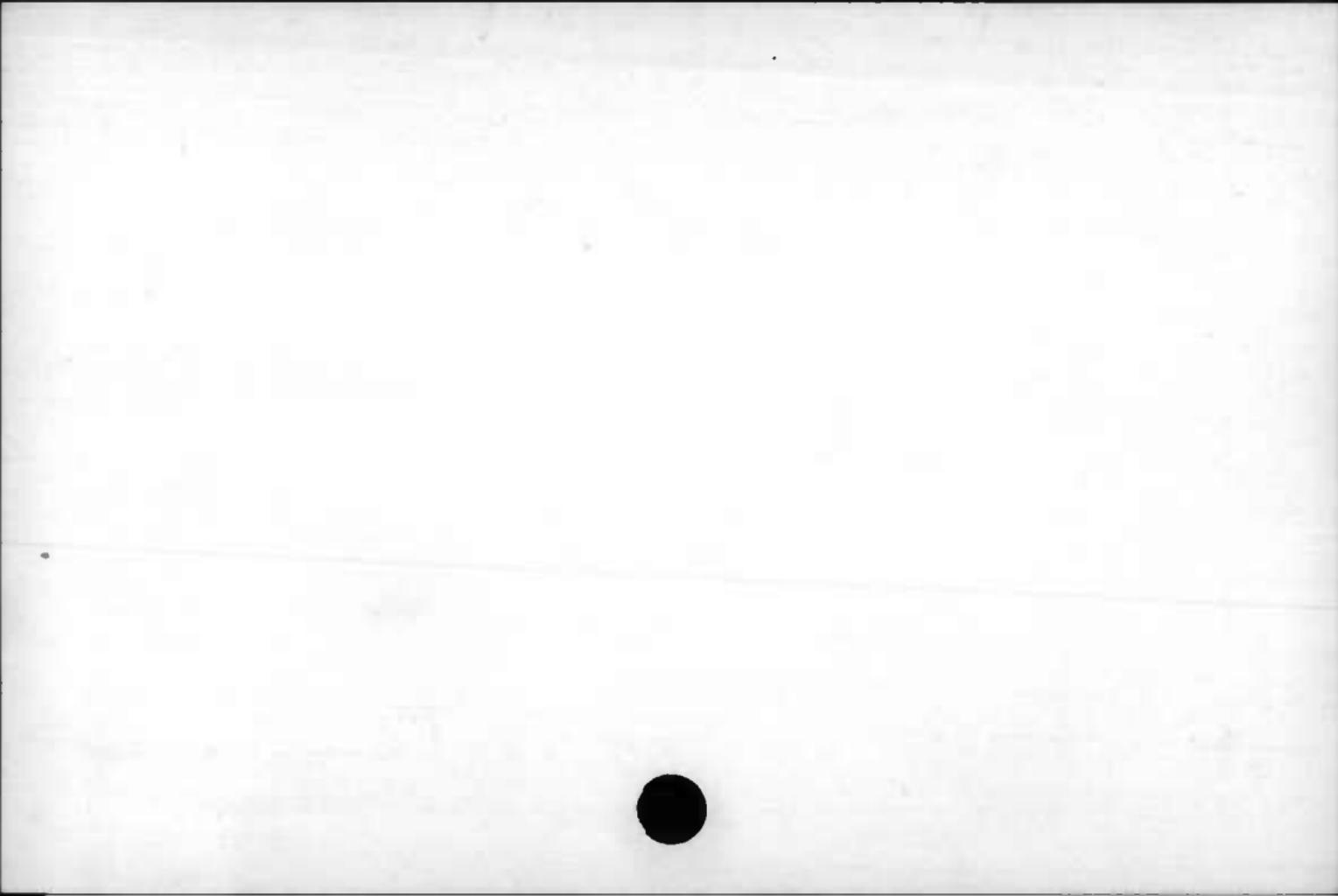
PHYSICIAN
OR CORONER

Clarance Edward Socks.

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	10	1	—	1	21
Sex	male	Color or Race	white	Birth- place	md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	John Socks				
Mother's Maiden Name	Rose Shank				
Name of person giving Information	John Socks				
CAUSES OF DEATH					
Primary	151 ✓				
Immediate	Marasmus				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
			Address		

Accident or Suicide?



Name
in
Full

Florence Marks

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	Washington	County	MARYLAND
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	34	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Henry Marks			Father's Birthplace
Mother's Maiden Name				Mother's Birthplace
Name of person giving information	Bert Marks	V	V	Bro

CAUSES OF DEATH

Primary	Heart Failure	How long
Immediate	Yes	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Martin Jenkins
Undertaker
Hancock Md

Accident or Suicide?



Name
in
Full

Elyde Elizabeth Marrow

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at Sharpsburg	Washington		
Date of death 1905	Month Oct	Day 12	Years 24 Months 2 Days
Sex Female	Color or Race White	Birth-place Sharpsburg	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Elarence Marrow	
Father's Name	Wm J Neighbors	Father's Birthplace	Sharpsburg
Mother's Maiden Name	Am Mary Benner	Mother's Birthplace	"
Name of person giving information	Elarence Marrow	How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary

Pulmonary Tuberculosis

How long

Several yrs.



How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. M. Grind,
Sharpsburg, Md.

Accident or Suicide?

Eugene Marker
Undertaker.

Name
in
Full

Rachel Rebecca Marshall

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	36	9	20
Occupation	Where Residing if not at place of death	Housewife Home			
Married, Single or Widowed	Name of Wife or Husband	Jacob M Marshall			
Father's Name	Geo. W. Holmes	Father's Birthplace	Brownsville Pa.		
Mother's Maiden Name	Rachel Mobley	Mother's Birthplace	Penn.		
Name of person giving information	Jacob M Marshall	How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis

How long about 4 mo.

Immediate Ex haustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes, so

Signature of Physician

Arthur L Blessing

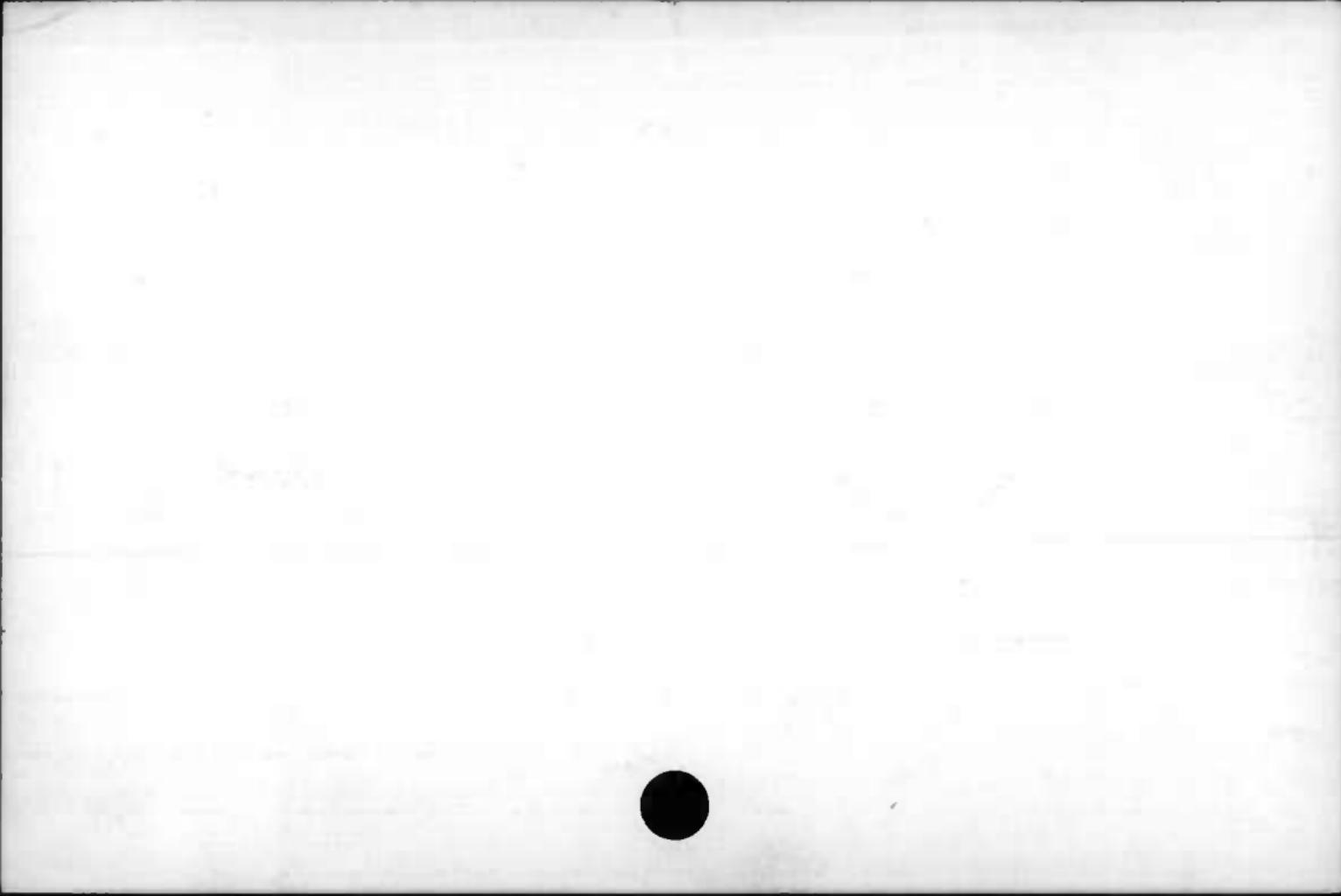
Address

Brownsville Md

far as I know

No

Accident or Suicide?



Name
in
Full

Laura Miller

CERTIFICATE OF DEATH

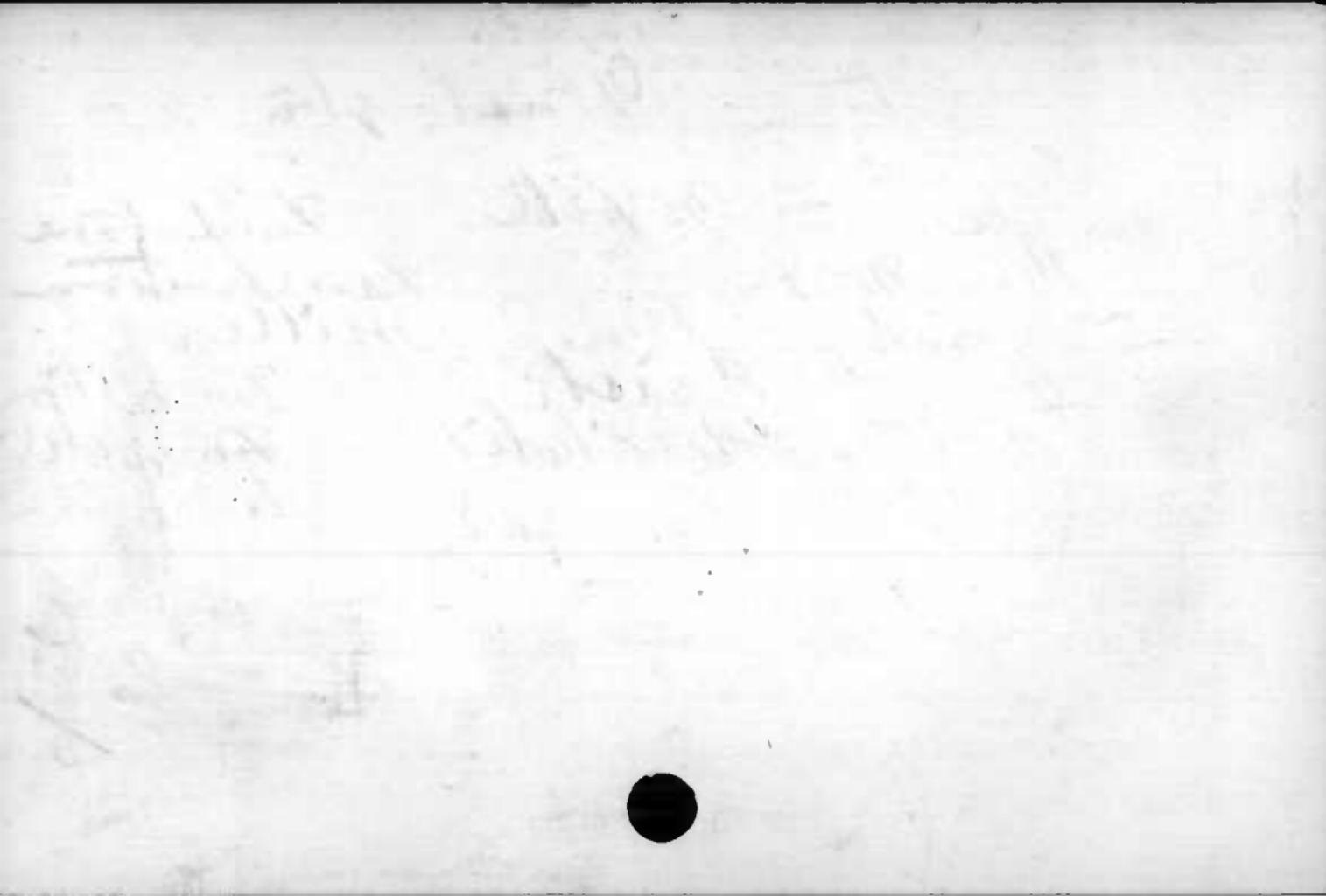
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
1908	Oct	6	5 6
Sex	Color or Race	Birth-place	
Female	White	Funkstown	
Occupation	Where Residing if not at place of death		
Housewife	Funkstown		
Married, Single or Widowed	Name of Wife or Husband	Mild Miller	
Married	E. J. Nichols	Funkstown	
Father's Name	Mother's Birthplace		
Gael E. Nichols	Funkstown		
Mother's Maiden Name	Mother's Birthplace		
Baltimore, Maryland	Frederick, Maryland		
Name of person giving Information	How related to deceased		
Mild Miller	Daughter		

CAUSES OF DEATH

Primary	Organic Heart Disease		
Immediate	Hemorrhage in tractus lungs half a day-		
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. F. S. Newcomer
		Address	Funkstown, Md.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

To be ANSWERED BY
NEAREST FRIEND

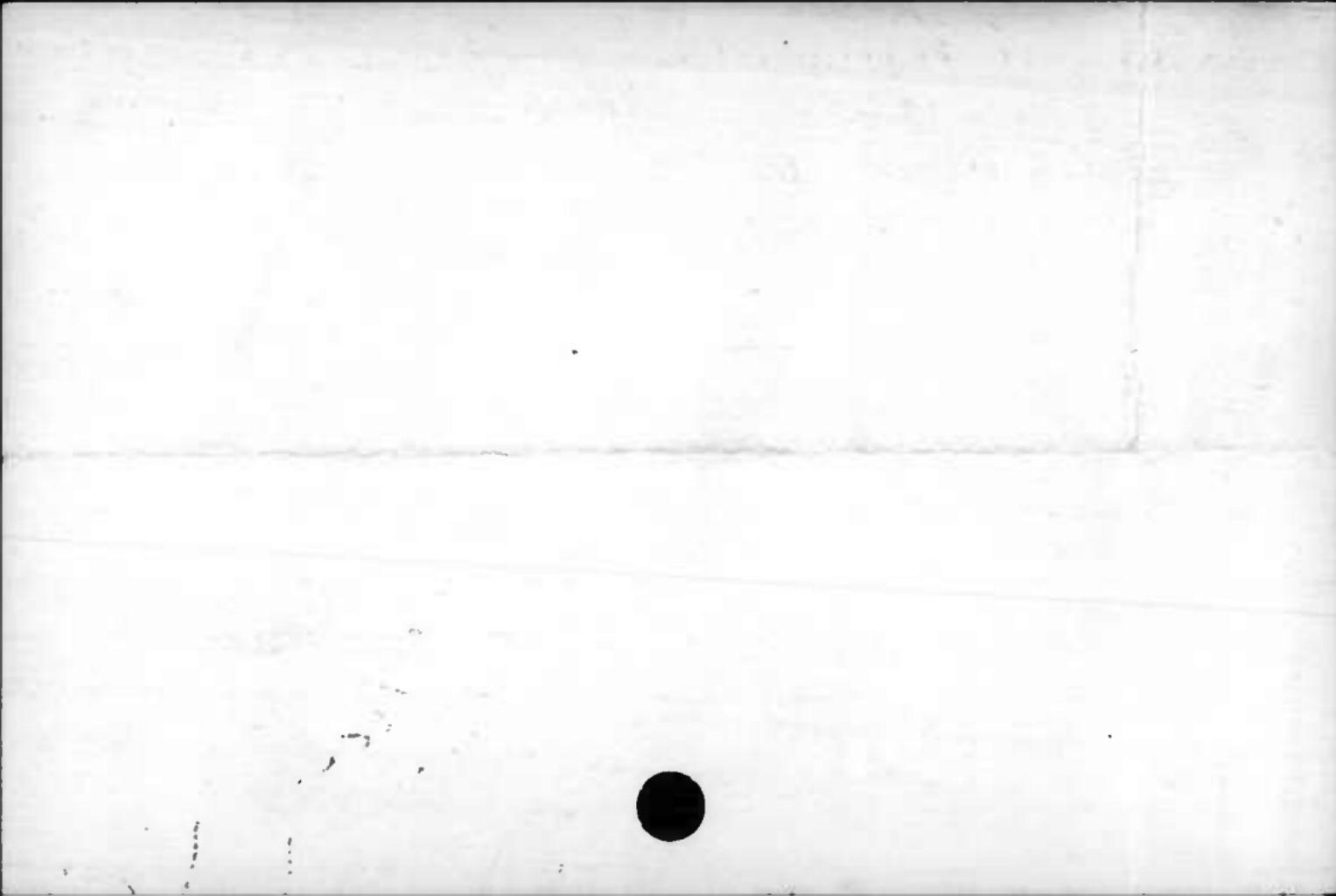
Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information		How related to deceased	

Susan Amanda Mallendorf
Rohrsville Washington —
1905 10 12 65 — 15
Female White Rohrsville
None Cyrus Keays
Widow Samuel DeGale & John Mallendorf
Elizabith Daffron Rohrsville
Samuel Mallendorf Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's Disease	How long	Unknown
Immediate	Bronchitis & Exhaustion	How long	One week
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
I believe they are	Address		
Accident or Suicide?	405 N. Greene St. Baltimore Md.		



Name
in
Full

Newkirk (M.M.)
County
Washington

CERTIFICATE OF DEATH

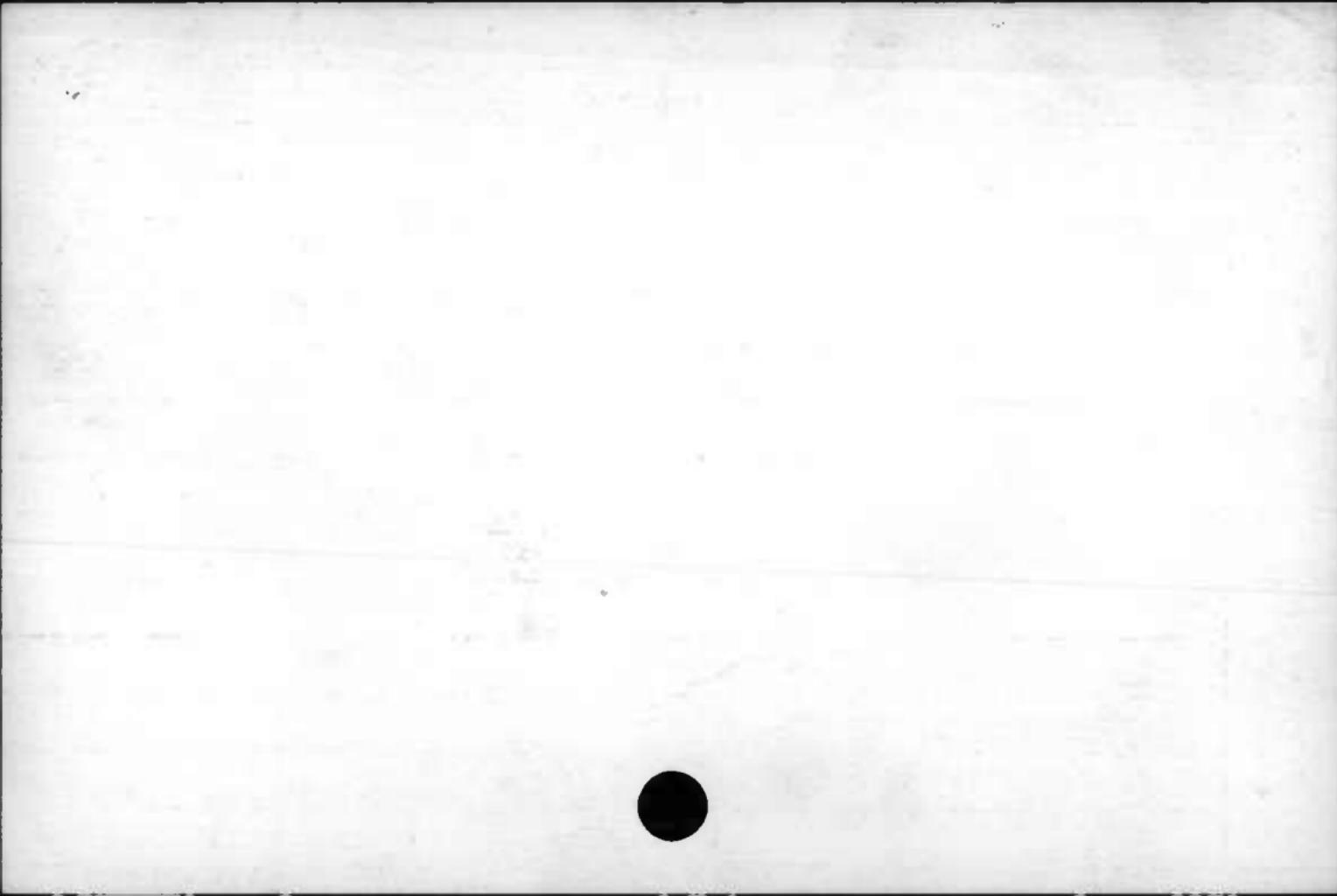
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1905	10	10	Age
Sex	Color or Race	white	Birth-place
Female			Md
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Tunis F Newkirk S.		
Mother's Maiden Name	Jane Rubbeck S.		
Name of person giving information	None		

CAUSES OF DEATH

Primary	Polyhydramnios	How long
Immediate	Suffocation	How long 15 minutes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		

E.P. Mason M.D.
Clearspring
Md



Name
in
Full

Mrs. Isabella Reamer 11/2/15

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	white	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Husband	John S. Reamer			
Father's Name	Geo. W. Bowman			Father's Birthplace	md
Mother's Maiden Name	Mary C. Strite			Mother's Birthplace	"
Name of person giving information	Reaman Reamer			How related to deceased	son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Accidental Asphyxiation from illuminating gas		How long
Immediate	Asphyxiation		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. J. Pittsburgh.
		Address	Kaganslown, Md.
Accident outside?	(over)		

A suffocation occurred from a leaking gas pipe or jet it had a
gas stone tube attached to jet. in turning the valve for
stone accidentally turned on gas jet.

Information entered Nov. 23rd 1905 (M.P.)

Name
In
Full

Albert Lysaid Reed

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at	Town	County		
Date of death	Month	Day	Years	Months Days
Sex	Male	Color or Race	Age	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Albert A Reed			
Mother's Maiden Name	Elengay Pye			
Name of person giving information	Father (108)			

Father's Birthplace

Mother's Birthplace

How related
to deceased

Md

Md

3 days

PHYSICIAN
OR CORONER



Primary

Intestinal Obstruction

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J.P. Perry, M.D.
Clearspring
Md

Accident or Suicide?

19 June

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Harry Raymond Remer

CERTIFICATE OF DEATH

Died at Town

Hagerstown Wash.

County

MARYLAND

Date of death 1905 Month

Day

Years

Months

Days

21

Age

1

24

Sex

male

Color or
Race

white

Birth-
place

Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

Otto Remer

Father's
Birthplace

Md.

Mother's
Maiden Name

Tallie Keyser

Mother's
Birthplace

"

Name of person giving
Information

Otto Remer

How related
to deceased

father

CAUSES OF DEATH

Primary

Acute Indigestion

How long

104

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Dr. L. S. Remer
Hagerstown
Md.

Accident or Suicide?

Broadway,

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Female	Color or Race	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Singer	Name of Wife or Husband	
Father's Name	Jonas Penner	Father's Birthplace	Md
Mother's Maiden Name	Eliza P. Spielman	Mother's Birthplace	Md
Name of person giving information	Jonas Penner	How related to deceased	Father
CAUSES OF DEATH			
Primary	Pulmonary Tuberculosis	How long	14 months
Immediate	Exhaustion	How long	2 weeks

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

14 months

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

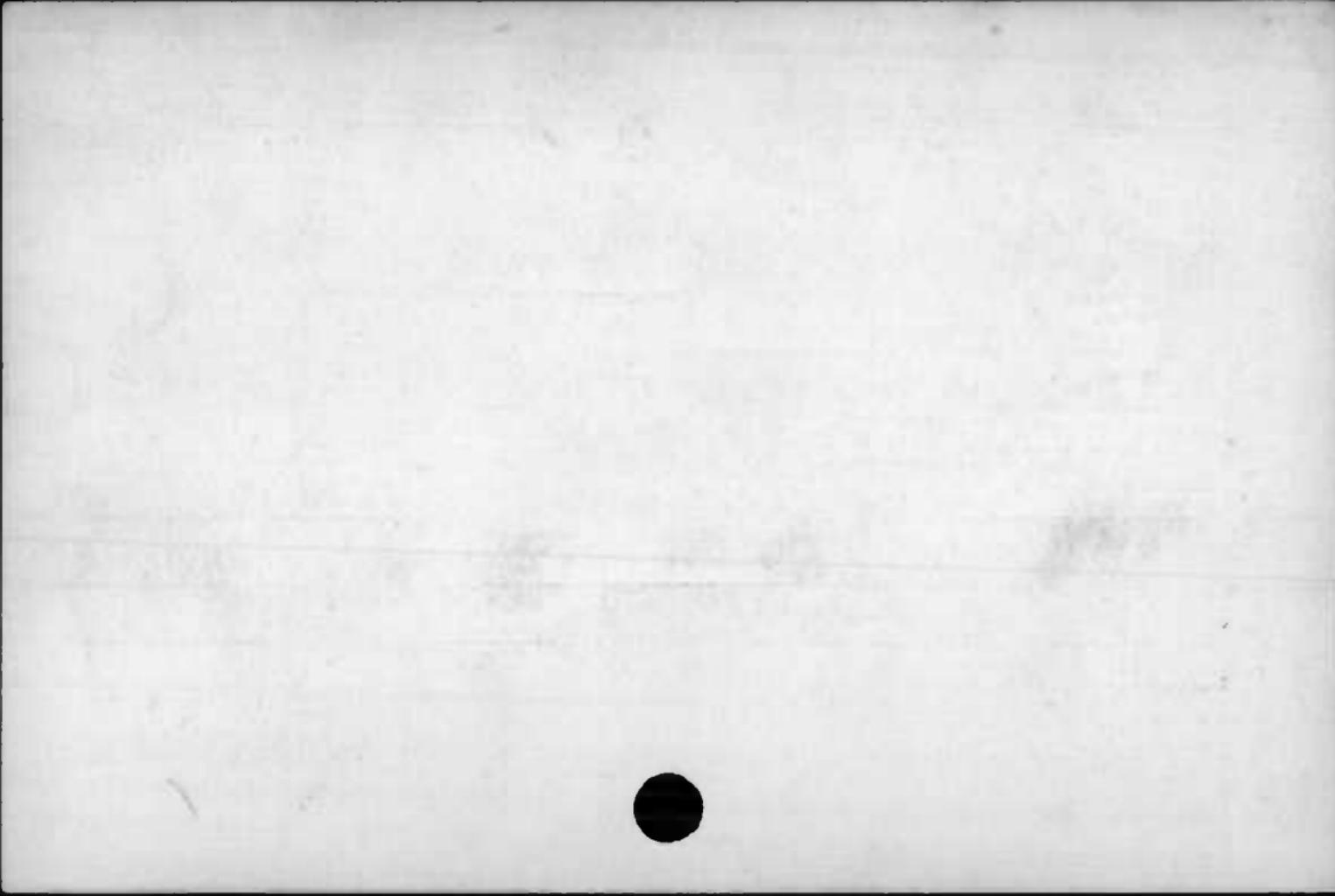
H. S. Dm. M.D.

Address

Hagerstown, Md.

Accident or Suicide?

No



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Cara L. Resley

Town
near Hancock

County
Fulton

CERTIFICATE OF DEATH

Deanna
MARYLAND

Died at 18ct. Month 23 Day Age 78 Years
of death 1905 Month 6 Day 5 Months
Date of death 1905 Month 6 Day 5 Days

Sex Female Color or Race White

Birth-place Maryland

Occupation Artist

Where Residing if not
at place of death

Died at Home

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name John Resley

Father's Birthplace Maryland

Mother's Maiden Name Mary Brinsley

Mother's Birthplace "

Name of person giving
Information

Gertrude Payson

How related
to deceased

Niece

CAUSES OF DEATH

Primary General debility

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

A. E. Fisher
St. Margaret's Pa

Accident or Suicide?

or fishes

Name
in
Full

Gustavus Adolphus Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hegystowne</u>		Town	<u>Washington</u>	County	MARYLAND	
Date of death <u>1905 Sept</u>	Month <u>Sept</u>	Day <u>1</u>	Age <u>68.</u>	Months <u>7</u>	Days <u>5</u>	
Sex <u>Male</u>	Color or Race <u>white</u>	Birthplace <u>Crown Springs</u>				
Occupation <u>Physician</u>	Where Residing if not at place of death <u>Hegattsville Md</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sallie A. Richardson</u>					
Father's Name <u>X. J. Richardson</u>	Father's Birthplace <u>Virginia</u>					
Mother's Maiden Name <u>Mary A. Shank</u>	Mother's Birthplace <u>W. Va</u>					
Name of person giving Information <u>Dr Richardson M.D.</u>	How related to deceased <u>Brother</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Nervous Prostration X How long six months

Immediate Heart Failure X How long several

Are the name, age, sex, color, date and place correctly given above?

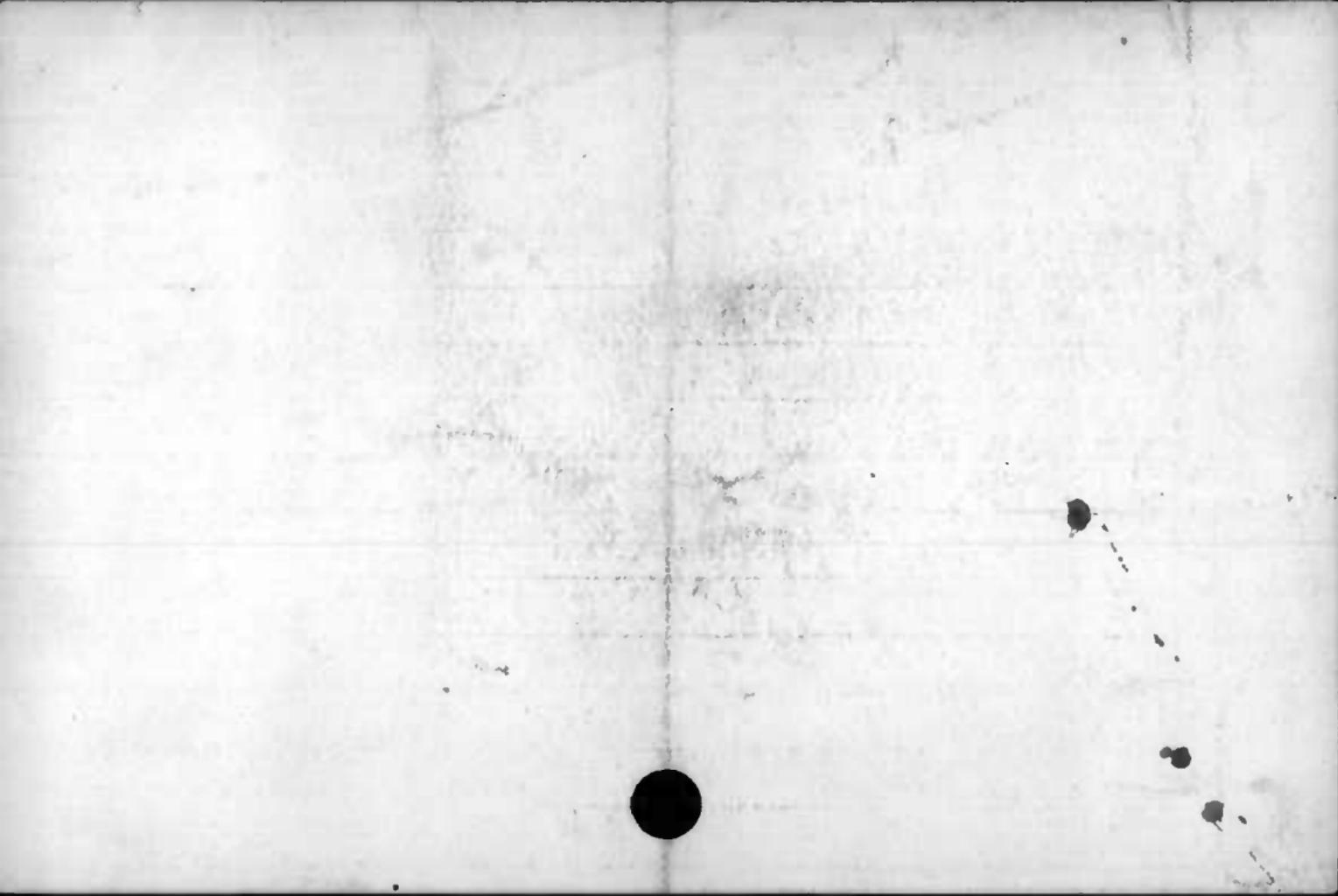
yes
Sallie A. Richardson

Signature of Physician

Address

Dr Richardson M.D.
Williamsport Md.

Accident or Suicide?



Name
in
Full

Jerry Garfield Rose

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
New Echles Mills	Washington		
Date of death	Month	Day	Years
1905	OCT	25	Age 21.
Sex	Color or Race	Birth-place	Days
Male	Colored	Maryland	-
Occupation	Where Residing if not at place of death		
Porter			
Married, Single or Widowed	Name of Wife or Husband		
Single			
Father's Name	Thomas Rose	Father's Birthplace	Maryland
Mother's Maiden Name	Majinda Arch	Mother's Birthplace	"
Name of person giving information	G.W. Clark	How related to deceased	None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

About 8 mos.

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

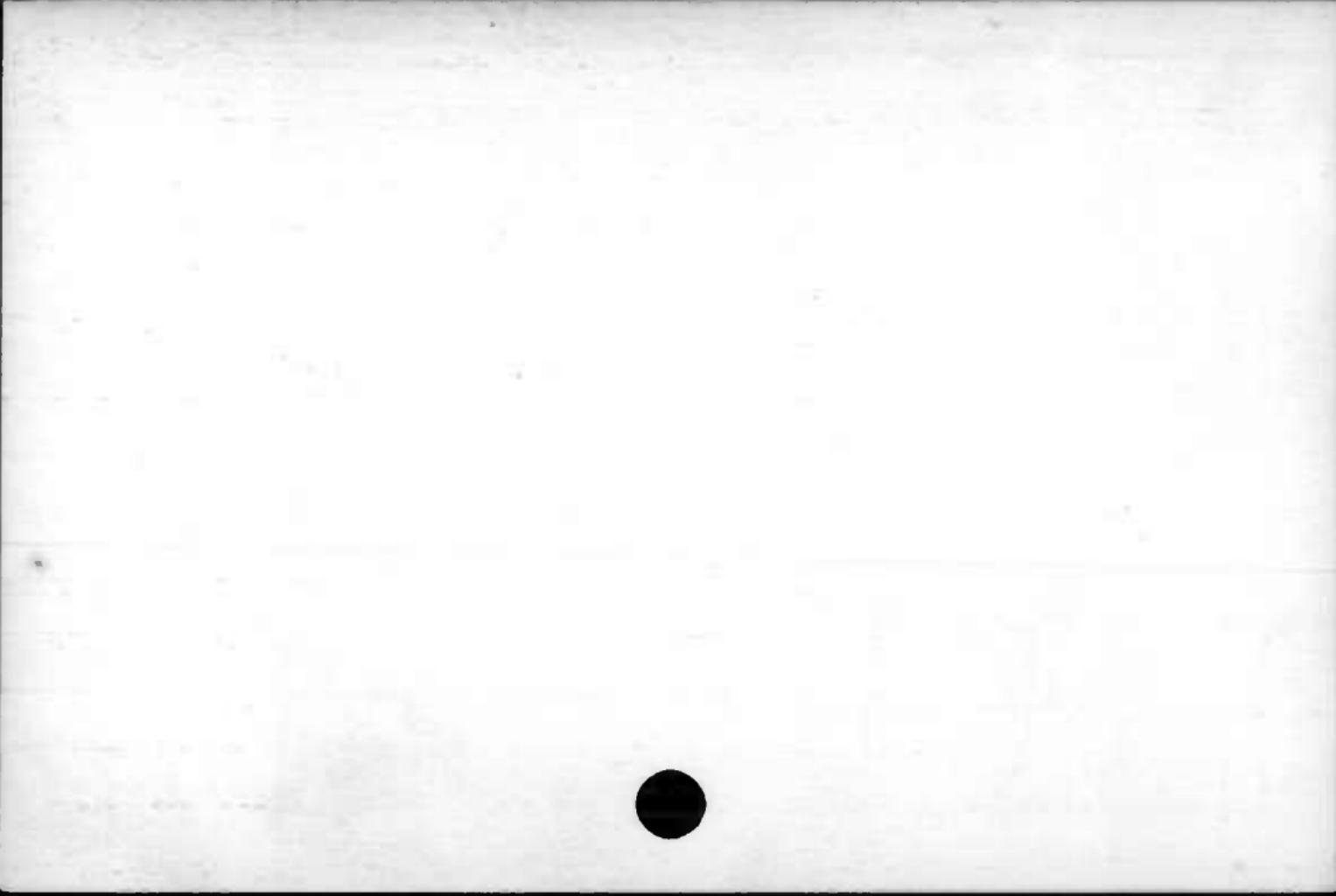
Signature of Physician

Address

H. M. Garrett

Chump Springs, Md

Accident or Suicide?



Name
in
Full

Jacob Sachs

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Washingtow			MARYLAND						
Died at	Milestone	County								
Date of death	1905	Month	CB CX	Day	88	Years	58	Months	3	Days
Age										
Sex	Male	Color or Race	White	Birth-place	Prussia					
Occupation	Merchant			Where Residing if not at place of death	Died at home.					
Married, Single or Widowed	married	Name of Wife or Husband	Fannie Sachs							
Father's Name	Mathias Sachs.			Father's Birthplace	Prussia					
Mother's Maiden Name	Sarah Sachs.			Mother's Birthplace	"					
Name of person giving Imformation	Harry Sachs			How related to deceased	Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Effect of grippe

How long

4 mo.

Immediate

Are the name, age, sex, color, date and place correctly given above?

✓

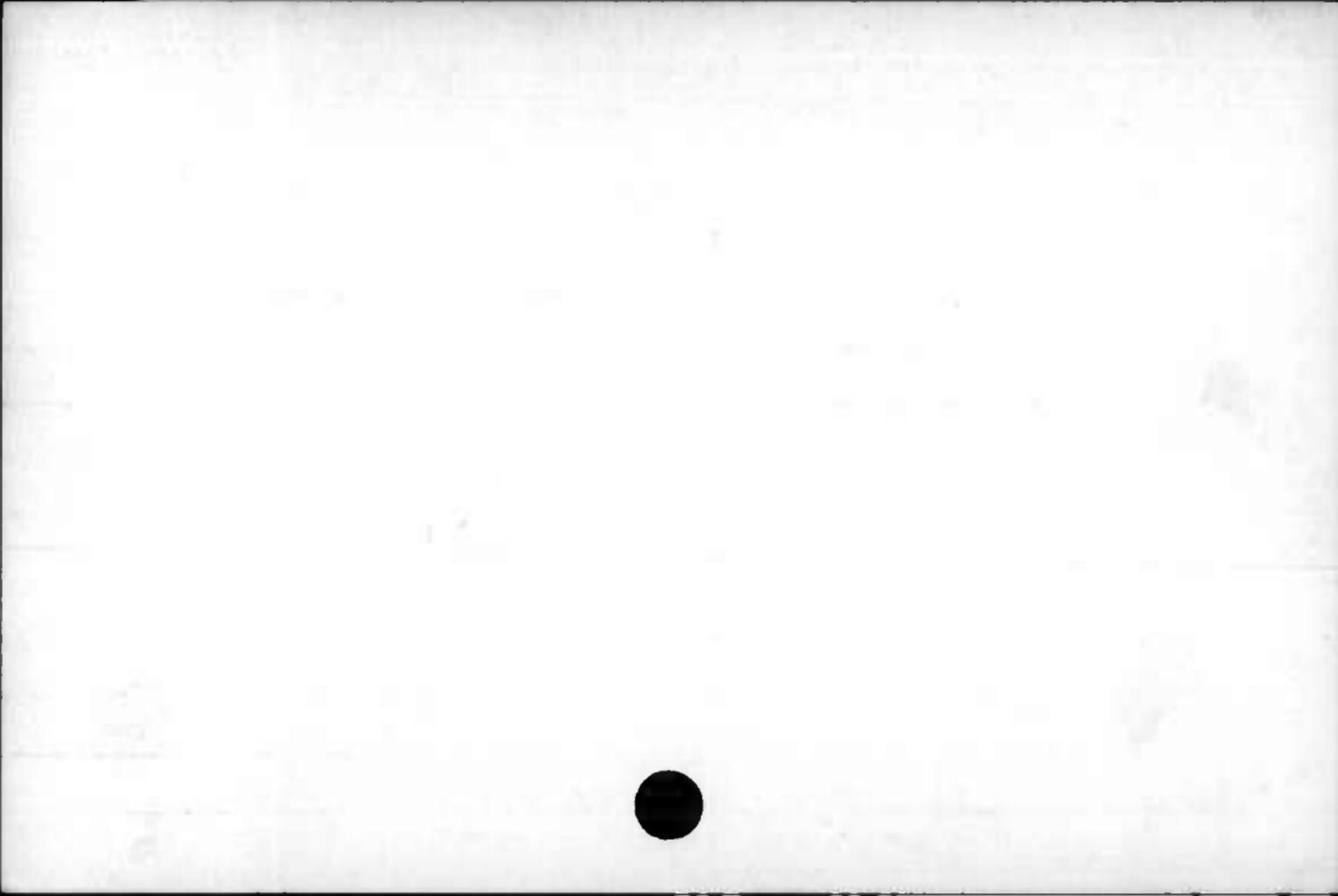
How long

Signature of Physician

Address

P. G. Glazebrook, M.D.
Glazebrook, M.D.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Scottie Schmidt

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	Age	71	—	26		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband	Retired Farmer					
Father's Name	John Schmidt						
Mother's Maiden Name	Catherine —						
Name of person giving Information	Mrs. G. Schmidt, wife						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Disease of Liver

How long

Several months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

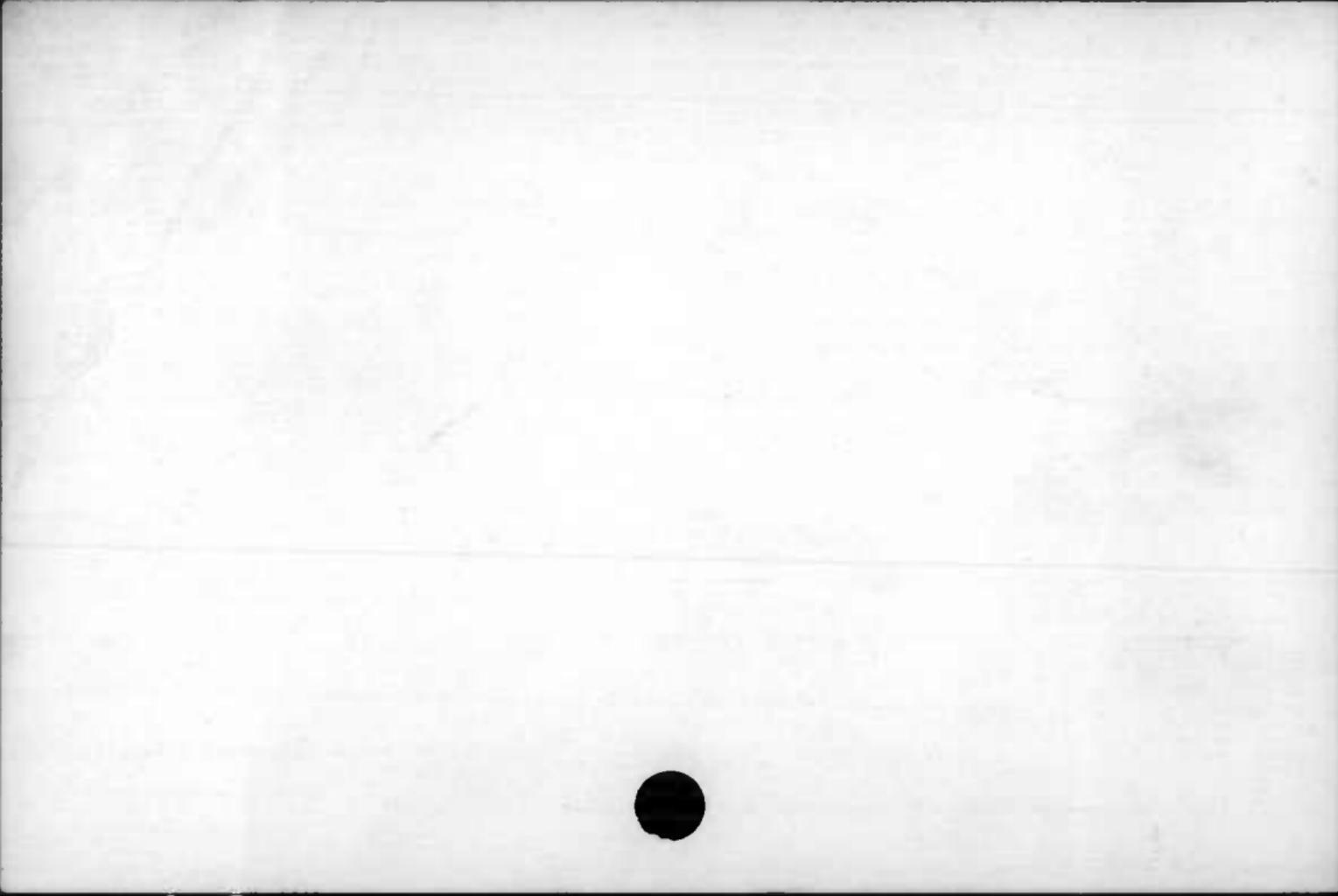
Yes

Signature of Physician

Address

J.M. Scott
Hagerstown

Accident or Suicide?



Name
in
Full

Elmer Leroy Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	10	11	Age		6
Sex	Male	Color or Race	white	Birth-place	Rohwerille
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John Smith				
Mother's Maiden Name	Cora Stockslager				
Name of person giving Information	Thomas Smith				
Father's Birthplace	Rohwerille				
Mother's Birthplace	Tunksterin				
How related to deceased	Uncle				

CAUSES OF DEATH

15

PHYSICIAN
OR CORONER

Primary

Immediate

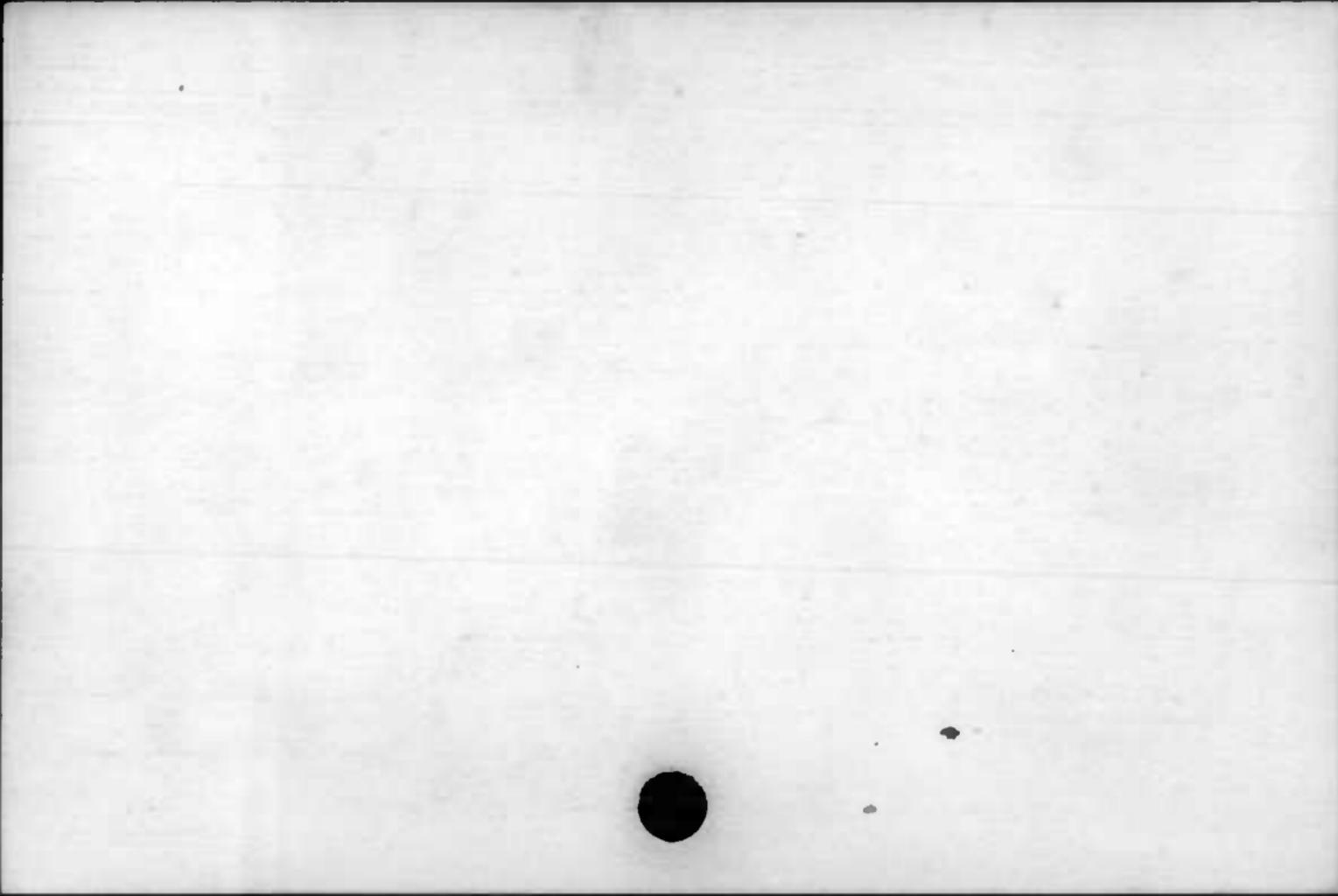
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

6 days
C D Baker
Rohwerille Md



Name
in
Full

Harry Martin Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
1905	Month	Day	Years
Sex Male	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Maryland
Charles W Smith	Mother's Maiden Name	Father's Birthplace	Hallbough Val
Elizabeth Hallbough	Name of person giving information	Mother's Birthplace	Father
Charles W Smith	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

(27)

9 weeks

Immediate

General exhaustion

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

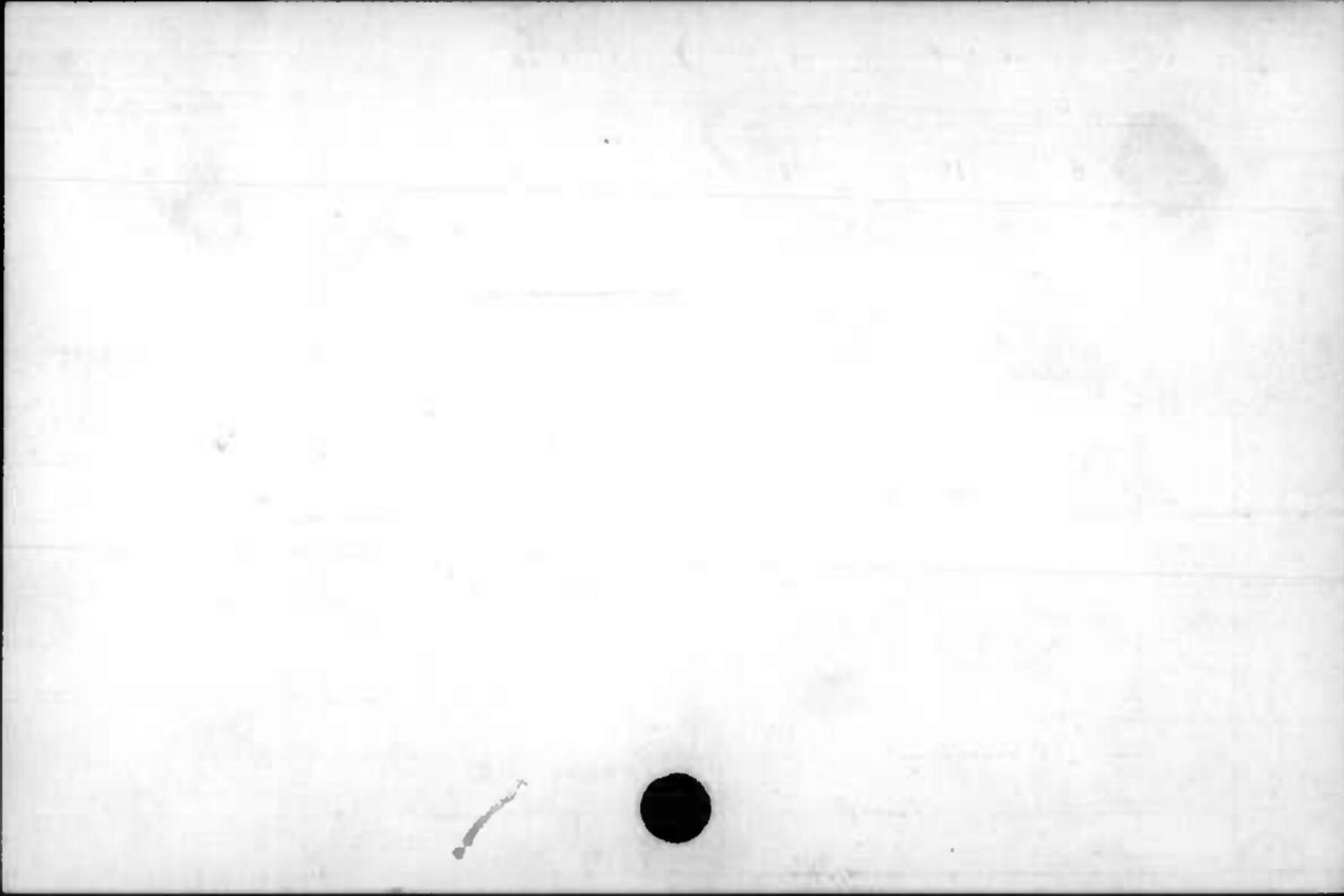
Signature of Physician

Dr. G. L. Newcomer

Address

Glenelg, Md.

Accident or Suicide?



Name
in
Full

Mrs. Mary C. Sowers. 11/21/11

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Husband	Peter Sowers.			
Father's Name	Geo W. Bowman			Father's Birthplace	Ind.
Mother's Maiden Name	Mary C. Strite			Mother's Birthplace	" "
Name of person giving information	Peter Sowers			How related to deceased	Husband.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Accidental Asphyxiation from illuminating gas.

How long

Immediate

Asphyxiation

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J.E.S. Pittsburgh,
Hagerstown,
Md.

Accident or Suicide?

(Off).

Explosion caused from a leaking gas pipe or jet : it had
a gas stove here attached to it. On trying to cook on
gas stove accidentally touched a gas jet

Information entered Nov. 23rd 1915 (M.W.B.)

Cleawspurq.

Name
in
Full

Fred Douglas Stanley

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County		State	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	White	Birth-place	Shaketonstown		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Francis M Stanley			
Father's Name	Francis M Stanley		Father's Birthplace	Berkeley Co		
Mother's Maiden Name	Margaret Calahan		Mother's Birthplace	Jefferson Co		
Name of person giving information	F M Stanley		How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acuti-inflammation of brain

How long

Between 3 and 6 days

Immediate

Acuti Peritonitis

(D)

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. Howell Gardner

Address

Shaketon M.D.

Accident or Suicide?

Eugene Marker,
Undertaker.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

John Swann

CERTIFICATE OF DEATH

Died at Near Hancock Town Was County _____

MARYLAND

Date of death 1905 Month October Day 11 Years 93 Months - Days -

Sex Male Color or Race Black Birth-place Harpers Ferry

Occupation Farmer Where Residing if not at place of death Near Hancock

Married, Single or Widowed Married Name of Wife or Husband Mary Jane Yonker

Father's Name Not Known Father's Birthplace Don't Know

Mother's Maiden Name Don't Know Mother's Birthplace Don't Know

Name of person giving information Mary Jane Swann How related to deceased Wife

CAUSES OF DEATH

Primary

General Debility (S) Indefinite
Exhausting

How long

Indefinite

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

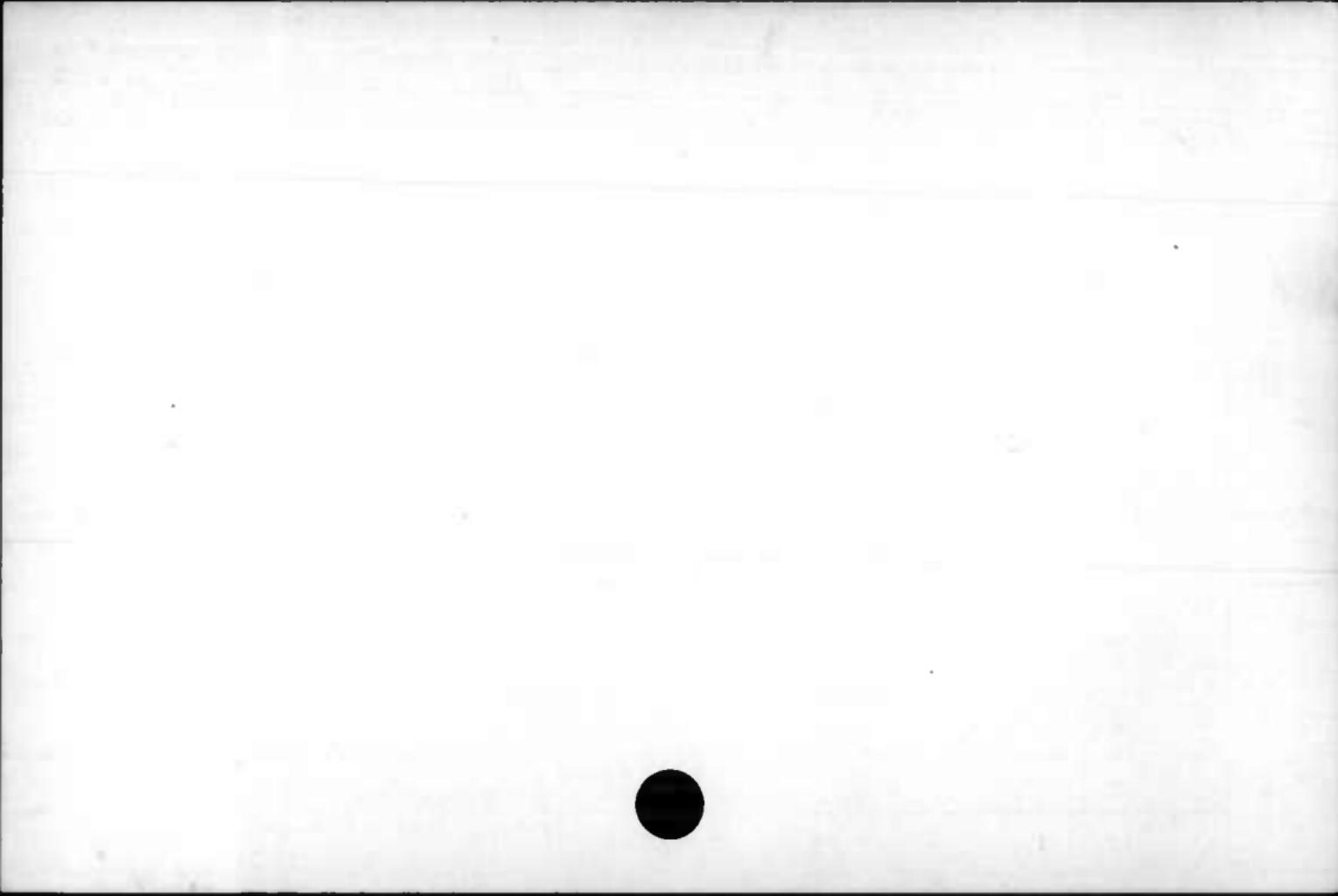
Signature of Physician

Address

Jaedest
Hancock MD

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Frank R. Zimmerman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Mountain Lock Washington

MARYLAND

Date of death 1905 Month Oct Day 30 Age 68 Years 6 Months 6 Days 221

Sex Male Color or Race White Birth-place Sharpsburg

Occupation Lock Tendorman Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband

Mary Zimmerman

Father's Name John Zimmerman

Father's Birthplace

Mother's Maiden Name Miss Stevenson

Mother's Birthplace Caton

Name of person giving Information Henry Schommer

How related to deceased Brother-in-law

CAUSES OF DEATH

Primary

General debility

How long

-

Immediate

Paralysis

How long

short time

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

S. Howell Gardner

Sharpsburg MD

PHYSICIAN
OR CORONER

Accident or Suicide?

Chas. S. Wade,
Undertaker

Name
in
Full

Bernard Lynn Wolf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Gavelton</u>		County <u>Washington</u>		MARYLAND	
Date of death	Month <u>10</u>	Day <u>30</u>	Years	Months <u>5</u>	Days <u>7</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth- place <u>Leandon Md</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Jos. Wolf</u>	Father's Birthplace <u>Gavelton</u>				
Mother's Maiden Name <u>Mary Martha Beck</u>	Mother's Birthplace "				
Name of person giving Information <u>Jos. Wolf</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary

Convulsions

How long

Several Days

Immediate

"

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Jos. Protzman M.D.
Smithsburg
Md.

Accident or Suicide?

